



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

| Insured's Name | : | SATYAM COT FIBERS | | | | | |
|----------------|---|---|------------------------|---|--|--|--|
| | | Insured's Details | Issuing Office Details | | | | |
| Customer ID | : | POA1930681 | Office Code | : | AURANGABAD DO-160400 (160400) | | |
| Address | : | GAT NO. 54/1/B/2/C, KHETIA SHAHADA ROAD, KHED DIGAR, SHAHADA, NANDURBAR SHAHADE ,MAHARASHTRA, 425409 | Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 | | |
| Phone No | : | | Phone No | : | 02402333572 / 02402333361 | | |
| E-mail/Fax | : | satyamcot444@gmail.com, / | E-mail/Fax | : | nia.160400@newindia.co.in / 02402331226 | | |
| PAN No | : | ADXFS7483H | S.Tax Regn. No | : | AAACN4165CST178 | | |
| GSTIN/UIN | : | 27ADXFS7483H1Z2 / NA | GSTIN | : | 27AAACN4165C3ZP | | |
| | : | | SAC | : | 997139 (Other non-life insurance services excl RI) | | |

| Policy Details | | | | | | | |
|---------------------|---|---|---|---|---|--|--|
| Policy Number | : | 16040036230100000151 | Business Source Code | | | | |
| Period of Insurance | : | From: 03/10/2023 06:04:17 PM To: 02/10/2024 11:59:59 PM | Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623), | | |
| Date of Proposal | : | 03-Oct-23 | Agent/Bancassurance/S pecified Person | : | | | |
| Prev. Policy no. | : | | Phone No | : | 02402350377, 9850049400 / NA | | |
| Client Type | : | Non-Corporate | E-mail/Fax | : | kailash@jainuineinsurance.co.in, // | | |

| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
|------------|--------|-----------|--|-------------------------------------|
| 28,187 | 5,074 | 33,261 | RUPEES THIRTY-THREE THOUSAND TWO HUNDRED SIXTY-ONE ONLY | 1604008123000000838 9 - 04/10/23 |

Details of Employees with monthly wages upto ₹ 15000:

| Categories | Sub Categories | _ No of | Cash Total |
|------------|----------------|----------|------------|
| | | Employee | Wages |

Details of Employees with monthly wages above ₹ 15000:

| Categories | Sub Categories | Sub Categories | | | Cash Total Wages |
|--|---|---|--------|--|--------------------------------|
| Cotton Ginning and pressing Factories a Presses | Other Regions | Other Regions | | | 2900000 |
| Trade Description | Particular of Works | Location D | etails | | luded All Sub - Contractors |
| cotton Ginning & pressing | Skilled & Unskilled Employees, Commercial travelers :-16 | Satyam cot Fibers , G.no 54/1/B/2/c Khetia- SHAHADA road , vill Khed Digar , tal shahada | | | |

Contractor/Sub-Contractor Details:

| Serial No | Name of Contractor | Description | Categorie | N | o. of Worke | ers | Amount Wages |
|-----------|-----------------------|-------------|-----------|---------|-------------|--------|--------------|
| | | | | Skilled | Unskilled | Others | |

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



Extensions under the Policy Cover

| | Sub Limit of the Extension | Deductibles of the Extension | | |
|---------|-------------------------------|--|---|--|
| | ₹200000 | NA | | |
| | | | | |
| | | | | |
| NA | | | | |
| NA | | | | |
| NA | | | | |
| OYEES C | COMPENSATION INSURANCE Policy | clauses attached herewith. | | |
| | Descri | otion | | |
| | | | | |
| | Rate of Tax | Amount in INR | | |
| | | ₹ 28,187 | | |
| SGST | | 2537 | | |
| CGST | | 2537 | | |
| IGST | | 0 | | |
| | NA NA | NA NA NA NA LOYEES COMPENSATION INSURANCE Policy Descri | NA NA NA NA NA NA LOYEES COMPENSATION INSURANCE Policy clauses attached herewith. Description Rate of Tax Amount in INR ₹ 28,187 9 2537 9 2537 | |

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 04th day of October,2023.

For and on behalf of

| | | The New India Assurance Company Limite |
|----------------|--------------------|--|
| Date of Issue: | 04/10/2023 | |
| | | Duly Constituted Attorney(s) |
| | | |
| Stamp Duty u | nder the Policy is | ₹ |
| Mudrank | Dt | consolidated Stamp Fees Paid by Pay Order Numbervide receipt |
| number | dt | |

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No: 16040023P0012900

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C