



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: RAJURESHWAR COTTEX PRIVATE LIMITED		
Insured's Details		Issuing Office Details	
Customer ID	: POA0268261	Office Code	: DO II AURANGABAD (160500)
Address	: GUT NO 264, BHOKARDAN ROAD ,RAJUR. TQ.BHOKARDAN DIST.JALNA Jalna ,MAHARASHTRA, 431215	Address	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Phone No	:	Phone No	: 02402482688 / 02402480985
E-mail/Fax	: kailash@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160500@newindia.co.in / 02402486895
PAN No	: AAICR2120B	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAICR2120B1ZY / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050036230100000236	Business Source Code	
Period of Insurance	: From: 20/10/2023 04:36:02 PM To: 19/10/2024 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	: 20-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
17,494	3,148	20,642	RUPEES TWENTY THOUSAND SIX HUNDRED FORTY-TWO ONLY	1605008123000000433 0 - 20/10/23

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Cotton Ginning and pressing Factories and Presses	Other Regions	10	1800000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
10 labour	GINNING & PRESSING	RAJURESHWAR COTTEX PRIVATE LIMITED, guy no 264 bhokardan road ,Rajur. Tq.Bhokardan Dist.Jalna.-431215	

Contractor/Sub-Contractor Details:



Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	

Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹500000	NA
Special Conditions	Including Cover for Direct, Contractors & Subcontractors Workers of the insured. Skilled and unskilled Worker/ Labour 10 NA	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.

Cluses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 17,494
SGST	9	1574
CGST	9	1574
IGST	0	0

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 20th day of October, 2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 20/10/2023	
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Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide 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 : 16050023P0009049

<p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p>
