

पॉलिसी अनुसूची/ Policy Schedule - Money Insurance	
Policy Number: 321800592310000211	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	विक्रय चैनल वविरण/ Sales Channel Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:
	कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: NATH BIO- GENES (I) LTD.	ग्राहक आईडी /Customer ID: 9702239903	पैन /PAN: AABCN7978E
पता/ Address: NATH HOUSE, ITEKHEDA, PAITHAN ROAD, AURANGABAD- 431003, MAHARASHTRA, City: AURANGABAD - MAHARASHTRA, District: AURANGABAD - MAHARASHTRA, State: MAHARASHTRA, PIN: 431003. Cell: 9893131223	फोन /Phone:	
	ई-मेल /E-Mail: slibindore@gmail.com	

पॉलिसी: 27/12/2023 के 00:00 से 26/12/2024 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 27/12/2023 to midnight of 26/12/2024			
प्रीमियम/ Premium	₹ 2,910.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 0.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800221220821417 Dt. 25/10/2023
SGST/UTGST	₹ 0.00		
IGST	₹ 524.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	321800812310004430 Dt. 27/12/2023
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	321800592110000191 and Dt.27/10/2022 321800592210000275 and Dt.23/12/2023
कुल /Total Amount	₹ 3,440.00		
(Rupees Three Thousand Four Hundred Forty Only.)			

Money in Transit			
Section I	Description	Limit of liability for Any one Loss(₹)	Estimated Annual Carrying Amount(₹)
Sec I - B (Money in Transit)	MONEY(OTHER THAN DESCRIBED IN ITEM A ABOVE) IN TRANSIT FROM TO INSURED PREMISES/BANK/PO ANY OTHER SPECIFIED PREMISES	10,00,000.00	1,50,00,000.00
Sec I - A (Wages in Transit)	MONEY FOR PAYMENT OF WAGES,SALARIES AND OTHER EARNINGS OR FOR PETTY CASH IN DIRECT TRANSIT FORM THE BANK TO THE INSUREDS PREMISES FROM THE TIME THE MONEY IS RECEIVED AT THE BANK	1,00,000.00	10,00,000.00

Money in Safe / Counter			
Section II	Description	Identification Number	Sum Insured(₹)
Safe Details	BUSINES PREMISES AND RESIDENTIAL ADDRESS	N/A	10,00,000.00

प्रमाण-पत्र /Certificate- Money Insurance	
पॉलिसी संख्या/ Policy Number: 321800592310000211	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23 , Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल विवरण/ Sales Channel Code: 91027500000001 नाम/ Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE Contact Number: 9893131223
	कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in



BUSINESS PREIMESSES @ NATH HOUSE, ITEKHEDA, PAITHAN ROAD, AURANGABAD, MAHARASHTRA AND RESIDENCE	
---	--

Additional Covers			
Assault Risks (No. of person)	NA	Riot and Strike Extension	No
Assault Risk Sum insured per person(₹)	NA	Terrorism	No
		Infidelity risk	No

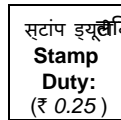
Note:

Section IA: Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insured's premises from the time the cash is received at the bank by the Insured or the authorized employee/s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such Cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the Insured to provide for such cash are covered in transit from the Premises to the Bank
Section IB: Money (other than described in IA above) in the personal custody of the Insured or the authorized employee/s of the Insured whilst in direct transit between the premises and the bank or post office and vice versa
Section II: Cash (other than described in section IA above) whilst on the premises during business hours or whilst secured in locked safe or locked strong room on the Insured's premises out of business hours against the risk of burglary, housebreaking and hold-up

टिप्पणियां/ **Remarks:** RISK COVERED: FACTORY , OFFICE , BANKS, ALL RESIDENCE OF ALL PARTNER/PROPRIETOR . VICE VERSA WITH IN 500 KM RADIUS, BY OWNER OR AUTHORIZED EMPLOYEE , IN ANY TYPE OF BAGS , TRUNKS , IN ANY VEHICLE PUBLICS , PRIVATE , SAFE CONSISTS OF WOODEN / STEEL CUPBOARD, WITH OR WITHOUT SECURITY GARD.

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत किया जा रहा है उसके हाथ नर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमिकता नरिसत हो जाएगी। **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 27/December/2023.** This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that **IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेंस इंडियल मिटिड



कृते नेशनल इन्श्योरेंस कंपनी
For and on behalf of National Insurance
Company Limited

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

TAX INVOICE

Invoice Serial No: 30878O3PE0000211

Invoice Date: 27/12/2023

Details of Supplier:

National Insurance Company Limited.,
DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001
State : 23 , Madhya Pradesh
GSTIN No : 23AAACN9967E1ZB

Details Of Receiver : NATH BIO- GENES (I) LTD.

Address : NATH HOUSE, ITEKHEDA, PAITHAN ROAD, AURANGABAD- 431003, MAHARASHTRA
City : AURANGABAD - MAHARASHTRA,
District: AURANGABAD - MAHARASHTRA,
State: MAHARASHTRA,
PIN: 431003.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AABCN7978E1Z3

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	2,910	0%	2,910	0%	0	0%	0	18%	524	0
TOTAL		2,910		2,910		0		0		524	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 3,440

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Three Thousand Four Hundred Fourty
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

