

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance	
Policy Number: 27060041231000119	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. State Code: 27, Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 240 2337569 Mobile Number: 0	विक्रय चैनल वविरण/ Sales Channel Code: 91027500000001 नाम /Name: JAINUINE 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: SHAM ELECTROPOWER PRIVATE LIMITED	ग्राहक आईडी /Customer ID: 9702320554	पैन /PAN:
पता/ Address: A/P 259/2,OPLE GALLI,VIVEKANAND NAGAR,PARLI VAIJNATH,BEED, City: BEED - DISTRICT OTHERS, District: BEED, State: MAHARASHTRA, PIN: 431515. Cell: 8888849450	फोन /Phone:	ई-मेल /E-Mail: shamelectropower@gmail.com

पॉलिसी: 09/11/2023 के 11:35 से 08/11/2024 की मध्य रात्रि तक प्रभावी / Policy Effective from 11:35 hours, on 09/11/2023 to midnight of 08/11/2024			
प्रीमियम/ Premium	₹ 41,857.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 3,767.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800231110352497 Dt. 10/11/2023
SGST/UTGST	₹ 3,767.00		
IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	270600812310003031 Dt. 10/11/2023
कुल /Total Amount	₹ 49,390.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
(Rupees Forty Nine Thousand Three Hundred Ninety Only.)			

Joint Policyholder Name: NA
Joint Policyholder Address: NA

Laws: The Policy covers Liability of the **Insured** under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law.

SL.No	Law	Limit of Indemnity	Coverage
1	Employee Compensation Act, 1923 and Subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Yes
3	Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:- a)Limit Per Employee: ₹1,00,000.00 b)Aggregate Limit(AOP): ₹1,00,000.00	Yes

SL.No	Industry Type	Description of Work Done by Employees	Number of Employees	Declared Wages/ Contract Value	Place of Employment	Contractors Name, Contractors Address
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पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance	
Policy Number: 270600412310000119	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. State Code: 27, Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 240 2337569 Mobile Number: 0	विक्रय चैनल बविरण/ 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



1	Industry Type:Electric Sign Makers Sub Industry Type:elec.sign makers-erection	Feeder Bifurcation, HVDS, AB Cabling Work, Up-gradation of Line and Installation	10	Declared Wages:1800000 Contract Value:0	Anywhere in Buldhana District	Contractors Name:NA Contractors Address:NA
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Clauses, Endorsements and Warranties Applicable:

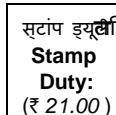
Average Clause,
Occupational Diseases

If the monthly wages are lesser than 15000/-, the "Compensation calculation will be based on the actual lesser monthly wages entered and not Rs 15000/-"

टिप्पणियां/ **Remarks:** CONTRACT NAME: Feeder Bifurcation, HVDS, AB Cabling Work, Up-gradation of Line and Installation of Capacitor Bank etc including Civil Work (MSEDCL)
LOA : CE-DIST/M-III/RDSS/T-43/LOA/NO 28611 DATED 18 SEP 2023

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयिा जा रहा है उसके हाथ नरिधारति कएिे जाए। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभवियक्ति जिसके लिए यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आश्वासन दयिा जाता है कि प्रीमियम चेक के असवीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमकतिा नरिस्रत हो जाएगी। ***IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 10/November/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'***

इंशुरेन्सइंडयिालमिडिड



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

अधकृत हस्ताक्षरकर्ता/ **Authorized
Signatory**

TAX INVOICE

Invoice Serial No: 30762W3PE0000119

Invoice Date: 10/11/2023

Details of Supplier:

National Insurance Company Limited.,
AURANGABAD DIVISION Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : SHAM ELECTROPOWER PRIVATE LIMITED

Address : A/P 259/2,OPLE GALLI,VIVEKANAND NAGAR,PARLI VAIJNATH,BEED
City : BEED - DISTRICT OTHERS,
District: BEED,
State: MAHARASHTRA,
PIN: 431515.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AAYCS7048H1ZK

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 reinsuranc e services)	41,857	0%	41,857	9%	3,767	9%	3,767	0%	0	0
TOTAL		41,857		41,857		3,767		3,767		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 49,390

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Fourty Nine Thousand Three Hundred Ninety
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

