



**POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE**

**UIN NUMBER - IRDAN190P0077100001**

<b>Insured's Name</b>	: SHRIJI GINNING AND PRESSING FACTORY		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: POB2942503	<b>Office Code</b>	: JALNA BRANCH (160501)
<b>Address</b>	: GUT NO. 156, 157, ROSHANGAON ROAD, AT. BADNAPUR, JALNA  JALNA ,MAHARASHTRA, 431202	<b>Address</b>	: K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
<b>Phone No</b>	:	<b>Phone No</b>	: 02482232708 / 02482232709
<b>E-mail/Fax</b>	: pawan.tapdiya@gmail.com, /	<b>E-mail/Fax</b>	: nia.160501@newindia.co.in /
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27ARLPT8341H1Z8 / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 16050136230100000011	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 04/03/2024 05:26:04 PM To: 03/05/2024 11:59:59 PM	<b>Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
<b>Date of Proposal</b>	: 04-Mar-24	<b>Agent/Bancassurance/S pecified Person</b>	:
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
5,832	1,050	6,882	RUPEES SIX THOUSAND EIGHT HUNDRED EIGHTY-TWO ONLY	16050181230000011235 - 04/03/24

**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	20	600000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
Ginning & Pressing	Male-06 Female-14 Skilled & Unskilled worker- [ 20 worker ]	HRIJI GINNING AND PRESSING FACTORY GUT NO. 156, 157, ROSHANGAON ROAD, AT. BADNAPUR, Jalna, Maharashtra,	

**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	₹200000	NA
Special Conditions	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		₹ 5,832
SGST	9	525
CGST	9	525
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 04th day of March,2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 04/03/2024	
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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 : 16050123P0013395

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