



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	: BABUJI COTFIBERS						
Insured's Details			Issuing Office Details					
Customer ID		POA6800081	Office Code		AURANGABAD DO-160400 (160400)			
Address	:	KURMEJ FATA,STATION ROAD, SHINDKHEDA, DIST DHULE	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005			
		SINKHEDA ,MAHARASHTRA, 425406						
Phone No	:		Phone No	:	02402333572 / 02402333361			
E-mail/Fax	:	babujicotfibers@gmail.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226			
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178			
GSTIN/UIN	:	27AAZFB6325J1ZV / NA	GSTIN	:	27AAACN4165C3ZP			
	:		SAC	:	997139 (Other non-life insurance services			

Policy Details							
Policy Number	:	16040036240100000009	Business Source Code				
Period of Insurance		From: 07/04/2024 12:00:01 AM To: 06/04/2025 11:59:59 PM	25 11:59:59 PM		Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),		
Date of Proposal	:	07-Apr-24	Agent/Bancassurance/S : pecified Person				
Prev. Policy no.	:	16040036230100000159	Phone No	No : 02402350377, 98500494			
Client Type	:	: Non-Corporate E-mail/Fax : kailash@jainuineinsurance.co.in		kailash@jainuineinsurance.co.in, //			

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
34,993	6,298	41,291	RUPEES FORTY-ONE THOUSAND TWO HUNDRED NINETY-ONE ONLY	1604008124000000028 3 - 08/04/24

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 a Presses	Other Regions		20		3600000
Trade Description	Particular of Works	Location D	Location Details		luded All Sub - Contractors
COTTON GIN AND PRESS HOUSES	FITTER,HELPER,OIL MEN,WATCH MEN,SKILLED/UNSKILLED LABOURERS,SUPER VISION STAFF ETC. AT G&P UNIT.	ISKILLED KURMEJ FATA, ION STAFF ETC. ROAD, SHIND			

Contractor/Sub-Contractor Details:

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

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



Sub Limit of the Extension

Extensions under the Policy Cover

Name of the Extension S

Date of Issue: 08/04/2024

Medical Exte	ension	₹200000		NA	
Special Conditions					
	NA				
	INA				
Special Exclusions	NA				
Special Excess/Deductibl	e NA				
The Policy shall be subject	ct to EMPLOYEES CO	MPENSATION INSURANCE	Policy clauses	attached herewith.	
Clauses]	Description		
Premium and GST Details					
		Rate of 1	Tax Amo	ount in INR	
Premium			₹	34,993	
SGST		9	314	9	
CGST		9	314	9	
IGST		0	0		
In witness whereof the uset his (their) hand(s) on	ndersigned being du this 08th day of Apr	ly authorised by the Insure il,2024.	ers and on beha	lf of the Insurers has (ha	ave) hereunder
				For and on behalf o	f

Duly Constituted Attorney(s)

The New India Assurance Company Limited

Deductibles of the Extension

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 : 16040024E0000419

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C