



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	ANSH COTEX .						
		Insured's Details	Issuing Office Details					
Customer ID	:	POA0852326	Office Code	:	AURANGABAD DO-160400 (160400)			
Address	:	GAT NO 53,54 PAITHAN SHAHAGAD ROAD, SHAHAGAD DIS JALNA	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005			
		AMBAD ,MAHARASHTRA, 431204						
Phone No	:		Phone No	:	02402333572 / 02402333361			
E-mail/Fax	:	ANSHCOTEX421@YAHOO.IN, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226			
PAN No	:	ABDPA8410A	S.Tax Regn. No	:	AAACN4165CST178			
GSTIN/UIN	:	27ABDPA8410A1ZG / NA	GSTIN	:	27AAACN4165C3ZP			
	:		SAC	:	997139 (Other non-life insurance services			

Policy Details									
Policy Number : 16040036240100000069 Business Source Code									
Period of Insurance	:	From: 01/07/2024 12:00:01 AM To: 31/12/2024 11:59:59 PM							
Date of Proposal	:	01-Jul-24	Agent/Bancassurance/S pecified Person	:					
Prev. Policy no.	:	16040036240100000039	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
14,579	2,624	17,203	RUPEES SEVENTEEN THOUSAND TWO HUNDRED THREE ONLY	1604008124000000369 2 - 25/06/24

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of	Cash Total
		Employee	Wages

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	Sub Categories			
Oil Companies, importing in bulk for reta Distribution	All employees	6	540000		
Trade Description	Particular of Works	Location D	etails	Included All Sub Contractors	
OIL MILL	FITTER,HELPER,OIL MEN,WATCHMEN,SKILLED/UNSKILLED/E LECTRICIANLABOUR,SUPER VISION STAFF ETC. OF OIL MILL (6) LABOUR)	ON DIST.JALNA(M.H)			

Contractor/Sub-Contractor Details:

Serial N	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages	
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THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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				•		•			•		
Extensions under				Sub Limit of the Ex	tonsion		D	aductible.	s of the Ex	tonsion	
		xtension			cension		DE	eductible		ccension	
	ical Exte	ension	ı	₹200000					NA		
Special Condition	ıs										
			l								
			NA								
Special Exclusion	Special Exclusions		NA								
Special Excess/De		 e	NA								
				OMPENSATION INSU	JRANCE P	olicy cla	uses a	ttached	herewith.		
Clauses				<u> </u>		escription					
Premium and GST D	Details						•				
					Rate of Ta	x	Amo	unt in INR			
Premium							₹	14,579			
SGST					9		1312	!			
CGST					9		1312) :			
IGST					0		0				
								For a	and on bel	nalf of	
						Ţ	he Ne	w India A	ssurance	Company	/ Limited
Date of Issue: 25	6/06/202	4									
								Duly Cor	stituted A	ttorney(s	5)
Stamp Duty unde	er the Po	licy is ₹									
Mudrank	Dt.	c	onsolid	ated Stamp Fees Pa	aid by Pay	Order N	umbei	r	vid	e receipt	
number	dt	·									
201	7-18 or	nwards is n	nore th	ugh our aggregate an the aggregate	turnover	notified	unde	er sub-ru	le (4) of r	ule 48,	

Tax Invoice No : 16040024E0005969

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C