



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	NAKODA AGRO TECH			
		Insured's Details		lss	uing Office Details
Customer ID	:	PO90940025	Office Code	:	AURANGABAD DO-160400 (160400)
Address	:	PANSEMAL ROAD , KHETIYA KHETIA ,MADHYA PRADESH, 451881	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:		Phone No	:	02402333572 / 02402333361
E-mail/Fax	:	NAKODAAGROTECH51@GMAIL.COM,	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	23AAKFN7598Q1Z7 / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	- :	997139 (Other non-life insurance services

		Po	licy Details		
Policy Number	:	16040036240100000096	Business Source Code		
Period of Insurance	:	From: 17/08/2024 12:00:01 AM To: 16/08/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),
Date of Proposal	:	17-Aug-24	Agent/Bancassurance/S pecified Person	:	
Prev. Policy no.	:	16040036230100000105	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
52,488	9,448	61,936	RUPEES SIXTY-ONE THOUSAND NINE HUNDRED THIRTY-SIX ONLY	160400812400000629 9 - 20/08/24

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	No of Employe	Cash Total Wages	
Cotton Ginning and pressing Factories at Presses	Other Regions		30	5400000
Trade Description	Particular of Works	Location D	etails	ded All Sub - entractors
GINNING & PRESSING UNIT	Skilled & Unskilled Employees, Commercial travelers :-30	NAKODA AGR PANSEMAL F	ROAD,	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Wo	kers	Amount Wages
				Skilled Unskill	d Others	

Extensions under the Policy Cover

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



Name of the Extension		Sub Limit of the Extension	D	eductibles of the Extension
Medical Extension		₹200000		NA
Special Conditions		(200000		• • • • • • • • • • • • • • • • • • • •
	NA			
Special Exclusions	NA			
Special Excess/Deductible	NA			
The Policy shall be subject to EMPLO	DYEES CO			attached herewith.
Clauses		Descri	ption	
Premium and GST Details		Rate of Tax	۸ma	unt in INR
Premium		Nate of Tax	₹	52,488
SGST		0	0	32,100
CGST		0	0	
GST	being di day of Au	18 uly authorised by the Insurers an gust,2024.	9448 d on beha	If of the Insurers has (have) hereund
GST In witness whereof the undersigned	being di day of Au	uly authorised by the Insurers an		
GST In witness whereof the undersigned	being do	uly authorised by the Insurers an		lf of the Insurers has (have) hereund
GST In witness whereof the undersigned set his (their) hand(s) on this 20th o	being di day of Au	uly authorised by the Insurers an	d on beha	lf of the Insurers has (have) hereund
GST In witness whereof the undersigned	being do	uly authorised by the Insurers an	d on beha	If of the Insurers has (have) hereund For and on behalf of w India Assurance Company Limited
GST In witness whereof the undersigned set his (their) hand(s) on this 20th o	being d	uly authorised by the Insurers an	d on beha	If of the Insurers has (have) hereund
GST In witness whereof the undersigned set his (their) hand(s) on this 20th o	being d	uly authorised by the Insurers an	d on beha	If of the Insurers has (have) hereund For and on behalf of w India Assurance Company Limited
GST In witness whereof the undersigned set his (their) hand(s) on this 20th o	being d	uly authorised by the Insurers an	d on beha	If of the Insurers has (have) hereund For and on behalf of w India Assurance Company Limited
In witness whereof the undersigned set his (their) hand(s) on this 20th o	lay of Au	uly authorised by the Insurers an igust,2024.	d on beha	If of the Insurers has (have) hereunder For and on behalf of w India Assurance Company Limited Duly Constituted Attorney(s)
In witness whereof the undersigned set his (their) hand(s) on this 20th of the policy is ₹ MudrankDt	lay of Au	uly authorised by the Insurers an igust,2024.	d on beha	If of the Insurers has (have) hereunder For and on behalf of w India Assurance Company Limited Duly Constituted Attorney(s)
In witness whereof the undersigned set his (their) hand(s) on this 20th of the control of the c	lay of Au	uly authorised by the Insurers an igust,2024.	d on beha	If of the Insurers has (have) hereunder For and on behalf of w India Assurance Company Limited Duly Constituted Attorney(s)

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 : 16040024E0010073

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C