



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: MULCHAND PHULCHAND KRISHI UDYOG PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO99850904	Office Code	: JALNA BRANCH (160501)
Address	: D-1,MIDC AREA, JALNA JALNA ,MAHARASHTRA, 431203	Address	: K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Phone No	:	Phone No	: 02482232708 / 02482232709
E-mail/Fax	: admnmulchand@gmail.com, /	E-mail/Fax	: nia.160501@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAECM0540Q1Z8 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050136240100000008	Business Source Code	
Period of Insurance	: From: 24/09/2024 02:12:57 PM To: 23/09/2025 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	: 24-Sep-24	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	:	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
43,741	7,874	51,615	RUPEES FIFTY-ONE THOUSAND SIX HUNDRED FIFTEEN ONLY	1605018124000000551 8 - 24/09/24

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	25	4500000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
DELINTING FACTORY OR GINNING & PRESSING	Skilled & Unskilled Employees, Male and female Commercial travelers:- 25	Mulchand Phulchand Krishi Udyog Pvt Ltd, D-1,MIDC area, jalna-431203	

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.		
Clauses	Description	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 43,741
SGST	9	3937
CGST	9	3937
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 24th day of September, 2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 24/09/2024		
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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 : 16050124P0006621

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