



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER -

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 AMBAD ,MAHARASHTRA, 431204	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
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 excl RI)

Policy Details			
Policy Number	: 16040036240100000136	Business Source Code	
Period of Insurance	: From: 22/10/2024 03:17:08 PM To: 21/06/2025 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	: 22-Oct-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
29,159	5,248	34,407	RUPEES THIRTY-FOUR THOUSAND FOUR HUNDRED SEVEN ONLY	1604008124000000933 8 - 22/10/24

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages

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	3000000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
COTTON GINNING & PRESSING	FITTER,HELPER, WATCHMEN,SKILLED/UNSKILLED/ELECTRICIAN LABOUR,SUPER VISION STAFF ETC. (25) LABOUR)	ANSH COTEX SHAHAGAD DIST.JALNA(M.H) JALNA ,MAHARASHTRA, 431201	

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
--------	-------------

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 29,159
SGST	9	2624
CGST	9	2624
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 22nd day of October, 2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 22/10/2024	
---------------------------	--

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 : 16040024P0015097

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