



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER -

Insured's Name	: MANJEET FIBERS PVT.LTD		
Insured's Details		Issuing Office Details	
Customer ID	: POA2678351	Office Code	: AMARAVATHI DO (160600)
Address	: A/P. 84/2,VILLAGE NO.337,NILAPUR ROAD, WANI,DIST.YAVATMAL(M.S.)-445304 WANI ,MAHARASHTRA, 445304	Address	: DHARMADAYA COTTON FUND ROAD, WALCUT COMPOUND, AMRAVATI,444601
Phone No	:	Phone No	: 07212577538 / 07212576803
E-mail/Fax	: kailash@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160600@newindia.co.in / 07212575756
PAN No	: AAICM0112G	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAICM0112G1ZX / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16060036240100000074	Business Source Code	
Period of Insurance	: From: 08/11/2024 01:14:15 PM To: 07/11/2025 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	: 08-Nov-24	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	: 16060036230100000097	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
28,908	5,204	34,112	RUPEES THIRTY-FOUR THOUSAND ONE HUNDRED TWELVE ONLY	1606008124000000479 7 - 08/11/24

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
Oil Companies, importing in bulk for retail Distribution	Oil Mills (not mineral oils) and Oilcake Mfgs	10	1800000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
OIL MILLS NOT MINERAL OILS AND OILCAKE MFGRS	FITTER, GREES MAN, ELECTRICIAN, SUPERVISER, SKILLED, UNSKILLED WORKERS, MEN, WOMEN	MANJEET FIBERS PVT LTD. 84/2 VILLAGE NO. 337 NILAPUR ROAD, AT/PO/TQ-WANI, DIST-YAVATMAL	

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	₹100000	NA
Special Conditions	Subject to terms and Conditions of Employees Compensation Insurance Policy attached herewith.	
	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		₹ 28,908
SGST	9	2602
CGST	9	2602
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 08th day of November, 2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 08/11/2024		
		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 : 16060024E0009034

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C