



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: MICROTRONICS		
Insured's Details		Issuing Office Details	
Customer ID	: PO87704812	Office Code	: AURANGABAD DO-160400 (160400)
Address	: OPP.V.K HEIGHT NEAR CITY POST OFFICE ANGURIBAGH AURANGABAD AURANGABAD ,MAHARASHTRA, 431001	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	: XXXXXX0407	Phone No	: 02402333572 / 02402333361
E-mail/Fax	: microtronics_ups@rediffmail.com, /	E-mail/Fax	: nia.160400@newindia.co.in / 02402331226
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16040036220100000061	Business Source Code	
Period of Insurance	: From: 18/07/2022 05:54:27 PM To: 17/07/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: HEMANT MADHUKAR MARATHE - (2D10753301)
Date of Proposal	: 18-Jul-22	Agent/Bancassurance/S pecified Person	: Mr. JAGADISH M HARSULKAR (NIA2D10749620) AGENT_SITE_92 (2D10768816)
Prev. Policy no.	:	Phone No	: 9422704226 / 02402348107, 9921311963
Client Type	: Non-Corporate	E-mail/Fax	: jmharsulkar@gmail.com, hemant.marathe@newindia.co.in, / / 02402331226

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
35753	6436	42189	RUPEES FORTY-TWO THOUSAND ONE HUNDRED EIGHTY-NINE ONLY	1604008122000000359 9 - 18/07/22

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
Engineers not otherwise classified	Incl. work away from shop or yard exceeding 9 mts high	7	1680000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
ELECTRICAL UPS INSTALLATION ETC.	ELECTRICAL UPS INSTALLATION ETC.	AURANGABAD DISTRICT AS PER WORK ORDER	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages



					Skilled	Unskilled	Others	
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Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
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
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 35753.00
SGST	9	3218
CGST	9	3218
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 18th day of July,2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 18/07/2022	
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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. _____.

Tax Invoice No : 16040022P0005112

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