



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: KASHVI CHEMICALS & SRVICES .		
Insured's Details		Issuing Office Details	
Customer ID	: PO64255691	Office Code	: DO II AURANGABAD (160500)
Address	: P-3-17/8 NEW NITYANAND HSG-SOCIETY N-8, CIDCO AURANGABAD. AURANGABAD ,MAHARASHTRA, 431001	Address	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Phone No	: XXXXXX9886	Phone No	: 02402482688 / 02402480985
E-mail/Fax	: jitumundle07@gmail.com, kashvichemicals@gmail.com /	E-mail/Fax	: nia.160500@newindia.co.in / 02402486895
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AIQPJ9439A1Z0 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050036210100000212	Business Source Code	
Period of Insurance	: From: 15/11/2021 01:19:59 PM To: 14/11/2022 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator	: MR.M. D DAMODARE - (2D10752991)
Date of Proposal	: 15-Nov-21	Agent/Bancassurance/S pecified Person	: Mr. MOHIT VINOD MUNDLE (NIAAG00084177) MOHIT MUNDLE (SI00146670)
Prev. Policy no.	:	Phone No	: 8530449162 / NA
Client Type	: Non-Corporate	E-mail/Fax	: mohitmundle1994@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
11947	2150	14097	RUPEES FOURTEEN THOUSAND NINETY-SEVEN ONLY	1000008921110028073 5 - 15/11/21

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
Chemical Works	Incl. acid, Alizarine, alkali, alum, ammonia, aniline arsenic bichromate of potash, borax, sheep dip and soda works	6	1080000
Commercial Travellers	Employees using Motor Cycles/Scooters	2	360000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
chemical works	chemical works	all over maharashtra	

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	as per policy	
	as per policy	
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		₹ 11947.00
SGST	9	1075
CGST	9	1075
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 15th day of November, 2021.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 15/11/2021	
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(Mr. SANDESH KAMLAKAR)
[SR. DIV. MANAGER]
Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Tax Invoice No : 16050021P0008981

IRDA Registration Number: 190