



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: HARIPRASAD ENTERPRISES .		
Insured's Details		Issuing Office Details	
Customer ID	: POA4932463	Office Code	: AURANGABAD DO-160400 (160400)
Address	: M-52 MIDC WALUJ AURANGABAD AURANGABAD(MA) ,MAHARASHTRA, 431003	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	: XXXXXX5495	Phone No	: 02402333572 / 02402333361
E-mail/Fax	: /	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	: 16040036230100000024	Business Source Code	
Period of Insurance	: From: 14/05/2023 12:00:01 AM To: 13/05/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (2D10753297)
Date of Proposal	: 14-May-23	Agent/Bancassurance/S pecified Person	: Mr. WALMIK SAHEBRAO PAWAR (NIA2D10749379) AGENT_SITE_42791 (2D10768575)
Prev. Policy no.	:	Phone No	: 02435247668, 9860382402 / NA
Client Type	: Non-Corporate	E-mail/Fax	: / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
18,144	3,266	21,410	RUPEES TWENTY-ONE THOUSAND FOUR HUNDRED TEN ONLY	1604008123000000138 1 - 05/05/23

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	Incl. work away from shop or yard upto 9 mtrs height	16	2880000

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
SAND CORE MAKING DRESSING AND CORE M/C OPRETING		ENDURANCE L 6 MIDC WALUJ JOGESHWARI GUT NO 13 HARIPRASAD ENTERPRISE (ALL OVER INDIA AS PER WORK ORDER)	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages
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					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
Medical Extension	₹25000	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
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 18,144
SGST	9	1633
CGST	9	1633
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 05th day of May,2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 05/05/2023	
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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 : 16040023P0001992

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