



**POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE**

**UIN NUMBER - IRDAN190P0077100001**

<b>Insured's Name</b>	: AVISHKAR TECHNO SERVICES.		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO39583030	<b>Office Code</b>	: NASIK CITY BRANCH (150702)
<b>Address</b>	: FLAT NO-9 RUKMINI APPT MANEKSHA NAGAR KATHE GALI DWARKA NASIK NASIK ,MAHARASHTRA, 422011	<b>Address</b>	: POORTI BUNGLOW,2 ND FLOOR, OPP.GADRE MANGAL KARYALAY GOLE COLONY,422002
<b>Phone No</b>	: XXXXXX7402	<b>Phone No</b>	: 02532576626 / 02532576040
<b>E-mail/Fax</b>	: account@avishkar.net, /	<b>E-mail/Fax</b>	: nia.150702@newindia.co.in / 02532580339
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27BJWPP7667L1ZW / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 15070236220100000033	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 16/07/2022 11:24:37 AM To: 15/08/2022 11:59:59 PM	<b>Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: ANDHRUTKAR KIRAN B. - (DE7804969)
<b>Date of Proposal</b>	: 16-Jul-22	<b>Agent/Bancassurance/S pecified Person</b>	: Mr. DEEPAK DNYANDEO WALUNJ (NIAAG00066264) DEEPAK WALUNJ (SI00108576)
<b>Prev. Policy no.</b>	: 15070236220100000019	<b>Phone No</b>	: 9823318678, / 9823072380
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: walunjdeepakd@gmail.com, / 9823318678, 9764078678 /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
3503	630	4133	RUPEES FOUR THOUSAND ONE HUNDRED THIRTY-THREE ONLY	1000008922070039019 8 - 16/07/22

**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
Engineers not otherwise classified	Incl. work away from shop or yard exceeding 9 mts high	4	60000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
NET WORKING & TOWER ERECTION N.	NET WORKING & TOWER ERECTION N.	AS PER PROPOSAL	No

**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	₹50000	NA
Special Conditions	NO	
	NO	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to **EMPLOYEES COMPENSATION INSURANCE** Policy clauses attached herewith.

Clauses	Description
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**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 3503.00
SGST	9	315
CGST	9	315
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 16th day of July,2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 16/07/2022	
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( SUHAS KASHINATH KANADE )  
[BRANCH INCHARGE]

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 : 15070222E0006010

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