



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001



Insured's Name	M/S SAI MANPOWER SERVICES P LTD		
	Insured's Details		Issuing Office Details
Customer ID	PO51907765	Office Code	DO II AURANGABAD (160500)
Address	166, AKSHAYDEEP PLAZA, 9, TOWN CENTRE, NR CIDCO BUS STAND, AURANGABAD AURANGABAD(MA), MAHARASHTRA, 431003	Address	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD 431003
Phone No	XXXXXX3845	Phone No	02402482688 / 02402480985
E-mail/Fax	accts@smsmanpower.com. /	E-mail/Fax	nia.160500@newindia.co.in / 02402486895
PAN No		S.Tax Regn. No	AAACN4165C3176
GSTIN/UIN	27AASC59539D1ZQ / NA	GSTIN	27AACN4165C3ZP
		SAC	997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	16050036230100000166	Business Source Code	
Period of Insurance	From: 29/08/2023 12:00:01 AM To: 28/08/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	GOVIND BHAUSAHEB MANE (DE10752995)
Date of Proposal	29-Aug-23	Agent/Bancassurance/S pecified Person	Mr. MANOJ KESHAVRAO KANHEGAONKAR. (NIA2D10749874) AGENT_SITE_42835 (2D10769070)
Prev. Policy no.	16050036220100000164	Phone No	8087509200 9422209200 / 02402488128 02402480985, 9823145762
Client Type	Non-Corporate	E-mail/Fax	manojkanhegaonkar@gmail.com. / / 02402486895

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
45,670	8,220	53,890	RUPEES FIFTY-THREE THOUSAND EIGHT HUNDRED NINETY ONLY	1605008123000000294 9 25/08/23

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 upto 9 mtrs height	11	3232608
Trade Description	Particular of Works	Location Details	Included All Sub-Contractors
LABOUR CONTRACTOR	OUTSOURCE ENGINEERING WORK EMPLOYEES-11	SAMVARDHANA MOTHERSON INNOVATIVE SOLUTIONS LTD, A-3, MIDC, CHIKALTHANA, AURANGABAD	No



Signature and Verification
Digitally signed by JAGANNATH PANDIT
Date: 2023.08.25 15:16:53+05'30'



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
Special Conditions	NA	

Special Exclusions	NA
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Special Excess/Deductible	NA
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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		₹ 45,670
SGST	9	4110
CGST	9	4110
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 25th day of August, 2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 25/08/2023

(Mr. SANDESH KAMLAK
[SR. DIV. MANAGER]
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 : 16050023E0006339



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : DO II AURANGABAD (160500)
Address : LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JAI GAON ROAD AURANGABAD
431003
AURANGABAD(MA)
Insured Pan Number :
Phone : 02402482688
Email : nia_160500@newindia.co.in
Fax : 02402486895
Collection Number : 16050081230000002949
Collection Date : 25/08/2023
Business Source Code : 2D10752995
PAN No of Payer :

Received with thanks from M/S SAI MANPOWER SERVICES P LTD

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
16050036230100000166	Bank-160500	53890.00	9100.160500	BA00007864-160500-9100

Total = ₹ 53890.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	53890.00	329702	25-AUG-23	AXIS BANK LIMITED.	AURANGABAD	1605002310009247	N/A

Total = ₹ 53890.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
45670.00	8220.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIA2D10749874	MANOJ KANIHE GAONKAR.	36

For The New India Assurance Company Limited
Revenue Stamp



Date of Issue: 25/08/2023



(Mr. SANDESH
KAMLAKAR)
[SR. DIV. MANAGER]

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..

2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Signature Not
Verified
Digitally signed
by JAGAT KAYEE
PANIGRAHI
Date: 2023.08.25
15:16:53 +05'30'

Policy No. : 16050036230100000166 Document generated by AG_MANOJ74 at 25/08/2023 15:16:53 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.