



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: KSMS TECHNOLOGIES SOLOUTIONS PRIVATE LIMITED		
Insured's Details		Issuing Office Details	
Customer ID	: POA9019382	Office Code	: DO II (150200)
Address	: OFFICE NO. 416 & 417 SOHRAB HALL SASSON ROAD OPP. JEHANGIR HOSPITAL PUNE PUNE ,MAHARASHTRA, 411001	Address	: PUNE DO 2, NEHRU MEMORIAL HALL 4, DR. AMBEDKAR ROAD, CAMP, PUNE 411001 PUNE, 411001
Phone No	: XXXXXX6625	Phone No	: 0206125082 / 0206126083
E-mail/Fax	: sandeep.salve@kalyanitechnologies.com, /	E-mail/Fax	: nia.150200@newindia.co.in / 0206126090
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	: 15020036230100000101	Business Source Code	
Period of Insurance	: From: 20/10/2023 03:13:38 PM To: 19/10/2024 11:59:59 PM	Dev. Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: Damika Insurance Broking Company Pvt Ltd. - (BR0000083) Damika Insurance Brokers - (SI00038081),
Date of Proposal	: 20-Oct-23	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	:	Phone No	: 02041006555, 02041006500, / NA
Client Type	: Non-Corporate	E-mail/Fax	: satish.kshirsagar@kalyaniglobal.com, /

Premium (₹)	GST (₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
35,316	6,356	41,672	RUPEES FORTY-ONE THOUSAND SIX HUNDRED SEVENTY-TWO ONLY	1502008123000000357 1 - 20/10/23

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Electric Lights and Telephone Wire Coverers-Electric Sign Makers	LAYING OF CABLE CCTV WORK BELOW 9 MTRS HEIGHT	15	2700000

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
laying of cable cctv work below 9 mtrs height	laying of cable cctv work below 9 mtrs height	ALL OVER INDIA	Yes

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	AS PER POLICY TERMS AND CONDITIONS	
	AS PER POLICY TERMS AND CONDITIONS	

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		₹ 35,316
SGST	9	3178
CGST	9	3178
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 20th day of October, 2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 20/10/2023	
---------------------------	--

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 : 15020023P0007962

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