



**POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE**

**UIN NUMBER - IRDAN190P0077100001**

<b>Insured's Name</b>	: S.L ENGINEERING WORKS .		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: PO99186476	<b>Office Code</b>	: DO II AURANGABAD (160500)
<b>Address</b>	: K-238/26, MIDC WALUJ AURANGABAD AURANGABAD ,MAHARASHTRA, 431001	<b>Address</b>	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
<b>Phone No</b>	: XXXXXX9886	<b>Phone No</b>	: 02402482688 / 02402480985
<b>E-mail/Fax</b>	: jitumundle07@gmail.com, /	<b>E-mail/Fax</b>	: nia.160500@newindia.co.in / 02402486895
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27AFPPJ3495N1ZL / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 16050036220100000162	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 18/08/2022 04:58:17 PM To: 17/08/2023 11:59:59 PM	<b>Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: MR.M. D DAMODARE - (2D10752991)
<b>Date of Proposal</b>	: 18-Aug-22	<b>Agent/Bancassurance/S pecified Person</b>	: Mr. MOHIT VINOD MUNDLE (NIAAG00084177) MOHIT MUNDLE (SI00146670)
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: 8530449162 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: mohitmundle1994@gmail.com, / /

<b>Premium(₹)</b>	<b>GST(₹)</b>	<b>Total (₹)</b>	<b>Total (₹ in words)</b>	<b>Receipt No. &amp; Date</b>
4583	824	5407	RUPEES FIVE THOUSAND FOUR HUNDRED SEVEN ONLY	1000008922080042069 7 - 18/08/22

**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	2	360000
Commercial Travellers	Employees using Motor Cycles/Scooters	1	180000

**Details of Employees with monthly wages above ₹ 15000:**

Categories	Sub Categories	No of Employee	Cash Total Wages
<b>Trade Description</b>	<b>Particular of Works</b>	<b>Location Details</b>	<b>Included All Sub - Contractors</b>
ENGINEERING, ERECTION WORK	ENGINEERING, ERECTION WORK	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	₹50000	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		₹ 4583.00
SGST	9	412
CGST	9	412
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 18th day of August,2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 18/08/2022	
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(Mr. SANDESH KAMLAKAR)  
[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 : 16050022P0005777

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**

