



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: MAN MOHAN INTERIORS		
Insured's Details		Issuing Office Details	
Customer ID	: PO91979239	Office Code	: CHINCHWAD DO (152900)
Address	: SAHYOG NAGAR, GAT NO. 166, TRIVENI NAGAR, TALAWADE, PUNE PUNE RAJEWADI ,MAHARASHTRA, 412104	Address	: 2ND FLOOR, MAHARASHTRA COMMERCIAL HOUSE, OPP. KSB PUMPS, PUNE - MUMBAI ROAD, PIMPRI, PUNE,411018
Phone No	: XXXXXX7711	Phone No	: 02027422484 / 02027423517
E-mail/Fax	: info@manmohaninterior.com, /	E-mail/Fax	: nia.152900@newindia.co.in / 20227420784
PAN No	: AWXPS0423N	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AWXPS0423N1ZR / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15290036240100000008	Business Source Code	
Period of Insurance	: From: 03/04/2024 12:55:08 PM To: 02/10/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: KAMLESH C PARDESHI - (BA7806045)
Date of Proposal	: 03-Apr-24	Agent/Bancassurance/S pecified Person	: SACHIN APPA SONAWANE (NIA1D7804594) AGENT_SITE_21 (1D7814201)
Prev. Policy no.	: 15290036230100000328	Phone No	: 9822435326 / 9323844530
Client Type	: Non-Corporate	E-mail/Fax	: sachinsonawane5721@gmail.com, kcpardesi@newindia.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
8,100	1,458	9,558	RUPEES NINE THOUSAND FIVE HUNDRED FIFTY-EIGHT ONLY	1000008924040003319 5 - 03/04/24

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	INTERIOR AND CARPENTENTER WORK	10	900000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
INTERIOR AND CARPENTRY WORK	INTERIOR AND CARPENTRY WORK	ENDURANCE CO. CHAKAN & AURANGABAD ALL OVER INDIA	

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	
Special Excess/Deductible	NA	
The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.		
Cluses	Description	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 8,100
SGST	9	729
CGST	9	729
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 03rd day of April,2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 03/04/2024	
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(MR. ARUP NATH)
[Divisional 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 : 15290024P0000133

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
