



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: SUCCESS UDYOG PVT.LTD.		
Insured's Details		Issuing Office Details	
Customer ID	: PO10240275	Office Code	: CHINCHWAD DO (152900)
Address	: 315/316 CITY SPACE SR NO 198/1A PUNE NAGAR ROAD NEAR CTR INDUSTRIES VIMANNAGAR PUNE VIMANNAGAR PUNE PUNE ,MAHARASHTRA, 411014	Address	: 2ND FLOOR, MAHARASHTRA COMMERCIAL HOUSE, OPP. KSB PUMPS, PUNE - MUMBAI ROAD, PIMPRI, PUNE,411018
Phone No	: XXXXXX8233,	Phone No	: 02027422484 / 02027423517
E-mail/Fax	: successudyogpune@gmail.com, /	E-mail/Fax	: nia.152900@newindia.co.in / 20227420784
PAN No	: AAMCS0560N	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAMCS0560N1ZW / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15290036230100000589	Business Source Code	
Period of Insurance	: From: 17/03/2024 12:00:01 AM To: 16/03/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7806040)
Date of Proposal	: 17-Mar-24	Agent/Bancassurance/S pecified Person	: Mr. CHANDRAKANT KRISHNARAO NERKAR (NIA1D7803087) AGENT_SITE_83 (1D7812734)
Prev. Policy no.	: 15290036220100000616	Phone No	: 9850055172 / NA
Client Type	: Non-Corporate	E-mail/Fax	: cknerkar@yahoo.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
18,098	3,258	21,356	RUPEES TWENTY-ONE THOUSAND THREE HUNDRED FIFTY-SIX ONLY	1000008923030018934 9 - 06/03/24

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 exceeding 9 mts high	3	540000

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
MARKETING EXECUTIVE	SUPERVISOR,DELIVERY PERSON WORKERS	SITE: ANY WHERE IN INDIA	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	

Signature Not Verified
Digitally signed by DHIRAJ KUMAR
Date: 2024.03.06 11:19:06 +05'30'

Policy No. : 15290036230100000589 Document generated by AG_NERKAR at 06/03/2024 11:19:07 Hours.

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



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.		
Clauses	Description	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 18,098
SGST	9	1629
CGST	9	1629
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 06th day of March, 2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 06/03/2024

(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 : 15290023E0019636

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

