

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance	
<b>Policy Number:</b> <b>271000412310000078</b>	व्यवसाय स्रोत /Business Source: 873954
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 271000 कार्यालय पता /Office Address: PIMPRI DIVISION Maharashtra Commercial House, Mumbai -Pune Road , Pimpri, Dist: Pune, Maharashtra - 411018. State Code: 27 , Maharashtra GSTIN: 27AAAACN9967E1Z3 Contact Number: 20 2742 1482 eMail: 271000@nic.co.in Mobile Number:	विक्रय चैनल वविरण/Sales Channel Code: 9000041456 नाम /Name: Mr Hanamant K Sutar Contact Number: 9890767776 सह दलाल कोड / Co Broker Code:
	कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: <b>1800 345 0330</b> ईमेल/ <b>email:customer.support@nic.co.in</b>



ग्राहक का नाम /Customer Name: PROCAL SOLUTION	ग्राहक आईडी /Customer ID: 9701906052	पैन /PAN:
पता/ Address: GAT NO-452/1, SAHYOG COLONY NO 3, TAPKIR NAGAR, OPP JANJIRA HOTEL, MOSHI, PUNE, City: PUNE - DISTRICT OTHERS, District: PUNE, State: MAHARASHTRA, PIN: 412105. Cell: 7276441211	फोन /Phone:	ई-मेल /E-Mail: ENQUIRY.PROCAL@GMAIL.COM

पॉलिसी: 07/02/2024 के 17:00 से 06/02/2025 की मध्य रात्रि तक प्रभावी /Policy Effective from 17:00 hours, on 07/02/2024 to midnight of 06/02/2025			
प्रीमियम/ Premium	₹ 44,962.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 4,047.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800240207755184 Dt. 07/02/2024
SGST/UTGST	₹ 4,047.00		
IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	271000812310044218 Dt. 07/02/2024
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
<b>कुल /Total Amount</b>	<b>₹ 53,056.00</b>		

(Rupees Fifty Three Thousand Fifty Six Only.)

Joint Policyholder Name: NA
Joint Policyholder Address: NA

Laws: The Policy covers Liability of the **Insured** under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law.

SL.No	Law	Limit of Indemnity	Coverage
1	Employee Compensation Act, 1923 and Subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Yes
3	Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:- a)Limit Per Employee: ₹50,000.00 b)Aggregate Limit(AOP): ₹50,000.00	Yes

SL.No	Industry Type	Description of Work Done by Employees	Number of Employees	Declared Wages/ Contract Value	Place of Employment	Contractors Name, Contractors Address
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जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 271000 कार्यालय पता /Office Address: PIMPRI DIVISION Maharashtra Commercial House, Mumbai -Pune Road , Pimpri, Dist: Pune, Maharashtra - 411018. State Code: 27 , Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 20 2742 1482 eMail: 271000@nic.co.in Mobile Number:	विक्रय चैनल वविरण/Sales Channel Code: 9000041456 नाम /Name: Mr Hanamant K Sutar Contact Number: 9890767776 सह दलाल कोड / Co Broker Code:  कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: <b>1800 345 0330</b> ईमेल/ <b>email:customer.support@nic.co.in</b>



1	Industry Type:Electrical Engineers (not Manufacturers.) Sub Industry Type:elec.engin..-workon ship	INSTALLATION & CALIBRATION OF CNC ,VMC ,VTL ,STL ,BORING MACHINE	7	Declared Wages:1260000 Contract Value:0	ANYWHERE IN INDIA	Contractors Name:NA Contractors Address:NA
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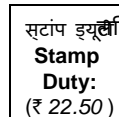
**Clauses, Endorsements and Warranties Applicable:**  
Occupational Diseases,  
Average Clause

If the monthly wages are lesser than 15000/-, the "Compensation calculation will be based on the actual lesser monthly wages entered and not Rs 15000/-"

टिप्पणियां/ **Remarks:** POLICY ISSUED SUBJECT TO FOLLOWING TERMS/WARRANTIES:-  
In case of any accidental injury, resulting in permanent disability/ death of the covered workers, immediate notice should be given to relevant authorities.  
It is warranted that Insured have to maintain proper salary register & attendance register for scrutiny of Insurance Company as & when required.  
Subject to Average clause as per EC Policy.  
Exclusion for Medical expenses & Occupational Disease.  
The approval is subject to Communicable disease / Covid -19 exclusion as per wordings shared by HO and has to be incorporated in the policy. Policy will also exclude losses due to violation of NDMA and epidemics act for both the policies.  
No coverage for Tunneling and/or Blasting work.  
All other terms, conditions and Exclusions as per the standard company approved Employees Compensation Insurance Policy.

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत किया जा रहा है उसके हाथ नर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमिकता नरिस्त हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 07/February/2024. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेंस इंडियल मिटिड



कृते नेशनल इन्श्योरेंस कंपनी  
**For and on behalf of National Insurance Company Limited**  
अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

**TAX INVOICE**

Invoice Serial No: 30743W3PE0000078

Invoice Date: 07/02/2024

**Details of Supplier:**

National Insurance Company Limited.,  
PIMPRI DIVISION Maharashtra Commercial House, Mumbai -Pune Road , Pimpri, Dist: Pune, Maharashtra - 411018  
State : 27 , Maharashtra  
GSTIN No : 27AAACN9967E1Z3

**Details Of Receiver :** PROCAL SOLUTION

Address : GAT NO-452/1, SAHYOG COLONY NO 3, TAPKIR NAGAR, OPP JANJIRA HOTEL, MOSHI, PUNE  
City : PUNE - DISTRICT OTHERS,  
District: PUNE,  
State: MAHARASHTRA,  
PIN: 412105.  
Place Of Supply State : Maharashtra  
State Code : 27  
GSTIN No : 27AGTPC7147F1Z6

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total( ₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount( ₹)	दर/Rate	राशि/ Amount( ₹)	दर/Rate	राशि/ Amount( ₹)	राशि/Amount( ₹)
997139	Other non-life insurance services (excluding reinsurance services)	44,962	0%	44,962	9%	4,047	9%	4,047	0%	0	0
<b>TOTAL</b>		44,962		44,962		4,047		4,047		0	0

कुल इनवॉयस मूल्य (अंकों में ) Total Invoice Value (In figures) :  
₹ 53,056

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees  
Fifty Three Thousand Fifty Six  
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

**E.&O.E**

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For  
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

