

पॉलिसी अनुसूची/Policy Schedule - Employees Compensation Insurance

Policy Number:
271001412310000156

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 271001

कार्यालय पता /Office Address:
CHINCHWAD DIVISION Jay Towers, S No
154/4/2, Kalbhor Nagar, Puna Mumbai
Road, Chinchwad, Dist. Puna, Maharashtra,
- 411019.

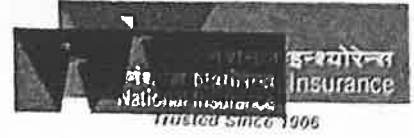
State Code: 27, Maharashtra
GSTIN: 27AAACN9967E123
Contact Number: 20 27470022
Mobile Number: 0

व्यवसाय स्रोत/Business Source: 737747

वितरण चैनल/Channel Code:
9000201091

नाम /Name: Mr Avdhul Pramod Shinde
Contact Number: 7249336356

ब्रोकर कोड / Co Broker Code:



कस्टमर केयर टॉल फ्री नंबर/Customer
Care Toll Free Number:
1800 345 0330

ईमेल/
email:customer.support@nic.co.in

ग्राहक का नाम /Customer Name: AMAL ENTERPRISES	ग्राहक आईडी /Customer ID: 9702301478	पैन /PAN:
पता/ Address: PLOT NO 585,FLAT NO 03,SECTOR 28,GANGANAGAR,NIGADI, PUNE, City: PUNE, District: PUNE, State: MAHARASHTRA, PIN: 411044. Cell: 9226270124	फोन /Phone:	ई-मेल /E-Mail: shajikk70@gmail.com

पॉलिसी: 23/08/2023 के 12:40 से 22/08/2024 की मध्य रात्रि तक प्रभावी /Policy Effective from 12:40 hours, on 23/08/2023 to midnight of 22/08/2024

प्रीमियम/ Premium	₹ 11,826.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 1,064.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800230823990259 Dt. 23/08/2023
SGST/UTGST	₹ 1,064.00		
IGST	₹ 0.00		
कम-जोरनटी-टैक्स / Less:GST_TDS	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	271001812310004928 Dt. 23/08/2023
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duly	₹ 0.00	पहिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
कुल/Total Amount	₹ 13,955.00		

(Rupees Thirteen Thousand Nine Hundred Fifty Five 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

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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Printed on 24/08/2023 by ID: 61611

नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिल्टन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No. 033-22831705-06 Fax: 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

NIC / PRO / DHANRAJ PRINTERS - 15 Lakhs

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsurancecoindia.com

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वितरण चैनल कोड / Distribution Channel Code:
9000201091

नाम / Name: Mr Avdhul Pramod Shinde

Contact Number: 7249336356

राष्ट्र दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय / Issuing Office

कार्यालय कोड / Office Code: 271001

कार्यालय पता / Office Address:

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विवरण / Particulars	रकम / Amount	विवरण / Particulars	रकम / Amount
प्रीमियम / Premium	₹ 11,826.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं / NA
CGST	₹ 1,064.00	प्रस्ताव संख्या और तिथि / Proposal Number and Date	8800230823990259 Dt. 23/08/2023
SGST/UTGST	₹ 1,064.00		
IGST	₹ 0.00		
कम: जीएसटी टैक्स / Less: GST, TDS	₹ 0.00	रसीद संख्या और तिथि / Receipt Number and Date	271001812310004928 Dt. 23/08/2023
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी / Recoverable Stamp Duty	₹ 0.00	पहिली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	लागू नहीं / NA
कुल / Total Amount	₹ 13,955.00		

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Joint Policyholder Address: NA

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