



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: J B NERLIKAR & ASSOCIATES		
Insured's Details		Issuing Office Details	
Customer ID	: POB2327259	Office Code	: PUNE DO-I (150100)
Address	: C5/4, ABOLI COOPERATIVE HOUSING SOCIETY HDFC COLONY, G-BLOCK, M.I.D.C. CHINCHWAD, PUNE PUNE ,MAHARASHTRA, 411019	Address	: 2ND FLOOR, ATUR CHAMBERS, 2, MOLEDINA ROAD, CAMP ,411001
Phone No	: XXXXXX5712	Phone No	: 26138254 / 26134112
E-mail/Fax	: jitendrabnerlikar@gmail.com, /	E-mail/Fax	: nia.150100@newindia.co.in / 26131603
PAN No	: ABQPN0046G	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27ABQPN0046G2ZL / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15010036240100000121	Business Source Code	
Period of Insurance	: From: 31/07/2024 05:39:12 PM To: 30/08/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7804173)
Date of Proposal	: 31-Jul-24	Agent/Bancassurance/S pecified Person	: Mr. RAHUL S. PARKHI (NIA1D7796934) AGENT_SITE_63 (1D7806611)
Prev. Policy no.	:	Phone No	: 9881493006, 9822478707 / NA
Client Type	: Non-Corporate	E-mail/Fax	: abcd@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
1,800	324	2,124	RUPEES TWO THOUSAND ONE HUNDRED TWENTY-FOUR ONLY	1000008924070097411 1 - 31/07/24

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Builders All employees engaged in shop or yard or in construction/ demolition of buildings and other civil construction like dams, bridges etc. incl. excavation	Excl. blasting and tunneling	5	75000

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
CIVIL CONTRACTOR	CIVIL CONSTRUCTION	EXIDE INDUSTREIS LID. D2, M.I.D.C.CHINCHWAD, PUNE-411019	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages



				Skilled	Unskilled	Others	
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Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	AS PER WC CLAUSE	
	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to **EMPLOYEES COMPENSATION INSURANCE** Policy clauses attached herewith.

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 1,800
SGST	9	162
CGST	9	162
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 31st day of July, 2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 31/07/2024	
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(Ms KALPANA GANATRA)
[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 : 15010024P0004894

<p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p>
