



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: M/S.RONUK METAFIN PRIVATE LIMITED .		
Insured's Details		Issuing Office Details	
Customer ID	: PO27396103	Office Code	: WARDEN HOUSE (112500)
Address	: 11-A,ABDUL GAFFAR KHAN RD,WORLI SEA FACE,WORLI,MUMBAI MUMBAI ,MAHARASHTRA, 400030	Address	: DO - 112500 , WARDEN HOUSE BUILDING, 4TH FLOOR, SIR P.M. ROAD, FORT MUMBAI,400001
Phone No	:	Phone No	: 22820035 / 22854020
E-mail/Fax	: account@ronukgroup.com, /	E-mail/Fax	: nia.112500@newindia.co.in / 22823696
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AABCR9148Q2ZJ / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 11250036240100000031	Business Source Code	
Period of Insurance	: From: 21/05/2024 12:00:01 AM To: 20/05/2025 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: MANGESH B. KADAM - (1D13698992)
Date of Proposal	: 21-May-24	Agent/Bancassurance/S pecified Person	: Ms. MRS. INDRABEN DINESH SOLANKI (NIA1D13697297) AGENT_SITE_89067 (1D13707019)
Prev. Policy no.	: 11250036230100000018	Phone No	: 9820271748, 9820974403 / NA
Client Type	: Non-Corporate	E-mail/Fax	: dinesh_solanki03@yahoo.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
50,542	9,098	59,640	RUPEES FIFTY-NINE THOUSAND SIX HUNDRED FORTY ONLY	1125008124000000143 8 - 21/05/24

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	20 workers average salary per person (20000/- per month) & 5 workers average salary per person (45000/- per month)	25	4500000

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Engineers not otherwise classified	20 workers average salary per person 20000/- per month (remaining 5000/-)	20	1200000
Engineers not otherwise classified	5 workers average salary per person 45000/- per month (remaining 30000/-)	5	1800000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
engineering work- machinery plating	engineering work- machinery plating	anywhere in india	No

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	as per WC clause/conditions and exclusions.	
	NA	

Special Exclusions	NA
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Special Excess/Deductible	NA
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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		₹ 50,542
SGST	9	4549
CGST	9	4549
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 21st day of May,2024.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 21/05/2024		
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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 : 11250024E0003980

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
