



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: RUDRAKSHA CONSTRUCTION AND ASSOCIATES		
Insured's Details		Issuing Office Details	
Customer ID	: PO98275057	Office Code	: DO II AURANGABAD (160500)
Address	: SHOP NO. 5, POONAM ARCADE, OPPOSITE TAPDIYA PARK, N-4 CIDCO, AURANGABAD AURANGABAD ,MAHARASHTRA, 431001	Address	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Phone No	: XXXXXX9886	Phone No	: 02402482688 / 02402480985
E-mail/Fax	: jitumundle07@gmail.com, /	E-mail/Fax	: nia.160500@newindia.co.in / 02402486895
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27BTPPC8728J1Z4 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050036220100000122	Business Source Code	
Period of Insurance	: From: 13/07/2022 02:52:25 PM To: 12/07/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: MR.M. D DAMODARE - (2D10752991)
Date of Proposal	: 13-Jul-22	Agent/Bancassurance/S pecified Person	: Mr. MOHIT VINOD MUNDLE (NIAAG00084177) MOHIT MUNDLE (SI00146670)
Prev. Policy no.	:	Phone No	: 8530449162 / NA
Client Type	:	E-mail/Fax	: mohitmundle1994@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
4725	850	5575	RUPEES FIVE THOUSAND FIVE HUNDRED SEVENTY-FIVE ONLY	1000008922070030108 6 - 13/07/22

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 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	450000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
CONSTRUCTION WORK	5 EMPLOYEE	ENDURANCE TECHNOLOGY LTD.WALUJ MIDC AURANGABAD & ALL OVER AURANGABAD	

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
Medical Extension	₹50000	NA
Special Conditions	APP 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		₹ 4725.00
SGST	9	425
CGST	9	425
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 13th day of July,2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 13/07/2022	
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(Mr. SANDESH KAMLAKAR)
[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. _____.

Tax Invoice No : 16050022P0004233

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C