



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name		MAN MOHAN INTERIORS	·		
Insured's Details			Issuing Office Details		
Customer ID		PO91979239	Office Code	:	CHINCHWAD DO (152900)
Address	:	SAHYOG NAGAR, GAT NO. 166, TRIVENI NAGAR, TALAWADE, PUNE PUNE RAJEWADI ,MAHARASHTRA, 412104	Address	:	2ND FLOOR, MAHARASHTRA COMMERCIAL HOUSE, OPP. KSB PUMPS, PUNE - MUMBAI ROAD, PIMPRI, PUNE,411018
Phone No		XXXXXX7711	Phone No	:	02027422484 / 02027423517
E-mail/Fax	:	info@manmohaninterior.com, /	E-mail/Fax	:	nia.152900@newindia.co.in / 20227420784
PAN No		AWXPS0423N	S.Tax Regn. No	- I:	AAACN4165CST178
GSTIN/UIN		27AWXPS0423N1ZR / NA	GSTIN	:	27AAACN4165C3ZP
			SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details						
Policy Number	:	15290036220100000346	Business Source Code			
Period of Insurance	:	From: 03/10/2022 01:40:25 PM To: 02/04/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	KAMLESH C PARDESHI - (BA7806045)	
Date of Proposal	:	03-Oct-22	Agent/Bancassurance/S pecified Person	:	SACHIN APPA SONAWANE (NIA1D7804594) AGENT_SITE_21 (1D7814201)	
Prev. Policy no.	:		Phone No	:	9822435326 / 9323844530	
Client Type	:	Non-Corporate	E-mail/Fax	:	sachinsonawane5721@gmail.com, kcpardesi@newindia.co.in, / /	

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
8100	1458	9558	RUPEES NINE THOUSAND FIVE HUNDRED FIFTY-EIGHT ONLY	1000008922100001895 4 - 03/10/22

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		Cash Total ee Wages	
Engineers not otherwise classified	INTERIOR AND CARPENTENTI	INTERIOR AND CARPENTENTER WORK 10		900000
Trade Description	Particular of Works	Location Details		Included All Sub - Contractors
INTERIOR AND CARPENTRY WORK	INTERIOR AND CARPENTRY WORK	Y WORK ENDURANCE CO. CHAKAN & AURANGABAD ALL OVER INDIA		

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	N	o. of Worke	ers	Amount Wages
				Skilled	Unskilled	Others	

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



Extensions under the Policy Cover

Extensions under the Policy Cover					
Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension			
Special Conditions					
	NA				
Special Exclusions	NA				
Special Excess/Deductible	NA				
The Policy shall be subject to EMPLO	YEES COMPENSATION INSURANCE Policy	y clauses attached herewith.			
Clauses	Descri	ption			

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹8100.00
SGST	9	729
CGST	9	729
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 03rd day of October,2022.

For and on behalf of

	The New India Assurance Company Limited
Date of Issue: 03/10/2022	1 a hra
	Man

(HEMA IYER) [Divisional Manager] Duly Constituted Attorney(s)

Stamp Duty un	nder the Policy	is ₹		
Mudrank	Dt		_consolidated Stamp Fees Paid by Pay Order Number	vide receip
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 : 15290022P0010386

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C