



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: AXIOM INDUSTRIAL SOLUTIONS		
Insured's Details		Issuing Office Details	
Customer ID	: PO92526454	Office Code	: DO II AURANGABAD (160500)
Address	: GALA NO.7, GUT NO.43, PLOT NO.73, BEHIND SIMENSE CO. MIDC, WALUJ, AURANGABAD- PIN:431003 AURANGABAD(MA) ,MAHARASHTRA, 431003	Address	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Phone No	: XXXXXX4616	Phone No	: 02402482688 / 02402480985
E-mail/Fax	: axiomindsolutions1@gmail.com, /	E-mail/Fax	: nia.160500@newindia.co.in / 02402486895
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27ABDFA3661M1Z9 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16050036220100000423	Business Source Code	
Period of Insurance	: From: 13/02/2023 10:39:00 AM To: 12/02/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: GOVIND BHAUSAHEB MANE - (DE10752995)
Date of Proposal	: 13-Feb-23	Agent/Bancassurance/S pecified Person	: Mr. DIGAMBAR MAROTIRAO KULKARNI (NIA2D10749886) AGENT_SITE_42848 (2D10769082)
Prev. Policy no.	:	Phone No	: 9423448512 / 02402488128, 02402480985, 9823145762
Client Type	: Non-Corporate	E-mail/Fax	: / / 02402486895

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
6,048	1,088	7,136	RUPEES SEVEN THOUSAND ONE HUNDRED THIRTY-SIX ONLY	1605008122000000652 9 - 13/02/23

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
Engineers not otherwise classified	Incl. work away from shop or yard upto 9 mtrs height	2	360000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
MACHINES MFG/INSTALLATIONS/REPAIRING AND ALLIED WORK	MACHINES MFG/INSTALLATIONS/REPAIRING AND ALLIED WORK	AS PER WORK ORDER OF THE CLIENTS OF THE INSURED FIRM.	

Contractor/Sub-Contractor Details:

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

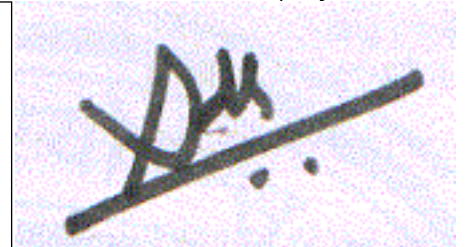
	Rate of Tax	Amount in INR
Premium		₹ 6,048
SGST	9	544
CGST	9	544
IGST	0	0

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 February, 2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 13/02/2023



(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. _____.

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 : 16050022P0014653

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