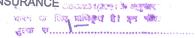




-

POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001



ा चुल्या **अना एल निमा है**

Insured's Name		. 14/0 41/17/17			Aca A
ourou o rvanie		: M/S. AMBIT ELECTRONIC SECURITY	SERVICES		
		Insured's Details	1111020.		
Customer ID		: POA4800830		Is	suing Office Details
Address			Office Code		BELAPUR D.O. (170200)
		: PROP. MR. HEMANT MADHAV KOTIAN A- 106, KUKREJA CENTRE, PLOT NO. 13, SECTOR -11, CBD BELAPUR, NAVI MUMBAI - 40061			BELAPUR D.O (170200), VINDHYA COMMERCIAL COMPLEX, 2ND FL, PLOT NO. 1, SECTOR 11 CBD BELAPUR NAVI MUMBAI
Phone No		KOKAN BHAVAN ,MAHARASHTRA, 400614			,400614
	- :	XXXXXX1349	Phone No		07570046
E-mail/Fax	:	account@ambit-india.net, /			27576618 / 27572823
PAN No	:	AMLPK3311M	E-mail/Fax	:	nia.170200@newindia.co.in /
GSTIN/UIN			S.Tax Regn. No		AAACN4165CST178
- 11 1		27AMLPK3311M1ZW / NA	GSTIN		27AAACN4165C3ZP
		<u> </u>	SAC		997139 (Other non-life insurance services excl RI)

		D !!			[GAGI RI)
Policy Number		1702020202011	cy Details		
Period of Insurance		17020036230100000021	Business Source Code		
Toriog of modiance		From: 28/04/2023 11:47:05 AM To: 27/04/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web	:	KAILASH CHANDRA GULATI - (BA7019715)
Date of Proposal	١.	28-Apr-23	Aggregator/CPSC User		4
		20-Api-23	Agent/Bancassurance/S pecified Person		Mr. SAGAR SHARAD GHOSALKAR (NIAAG00002319) FRESH
Prev. Policy no.	:				COMPOSITE (SI00005030)
Client Type		Non-Corporate	Phone No		7709006626, 9923566234 / NA
		Tron-Corporate	E-mail/Fax		sagar_ghosalkar@ymail.com, //
Premium(₹)		CCT/F)			Syman.com, 11

			- Jagai gilosai	ikar@ymail.com. / /
Premium(₹)	GST(₹)			Auto Colli, 77
17,495		Total (₹)	Total (₹ in words)	Receipt No. & Date
27,153	3,150	20,645	DUDEEC	1702008123000000044

Details of Employees with monthly wages upto $\overline{\epsilon}$ 15000:

Categories				
	Sub Categories	M- c		7
	J	No of	Cash Total	
		Employee	Wages	1

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Cata			
Fire Brigades	Sub Categories	No of Employe	Cash Total Wages	
Trade Description	Fire Extinguishing Appliance Particular of Works		5	900000
MAINTENANCE OF FIRE SECURITY &		Location D	etails	Included All Sub
CCTV SYSTEM.	MAINTENANCE OF FIRE SECURITY & CCTV SYSTEM.	M/S. ENDUR TECHNOLO LTD.,MIDC CH VILLAGE NIGHO RAJGURUNAGA PUNE -410	GIES IAKAN, DJE, TAL. R. DIST	Contractors

Contractor/Sub-Contractor Details:

Policy No.: 17020036230100000021Document generated by 31988 at 28/04/2023 12:59:41 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415 Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen.



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



Serial No	Al				
Serial NO	Name of Contractor	Description	Categorie	No. of Workers	Amount Wage
				Skilled Unskilled Others	5
Extensions u	nder the Policy Cov	er	*		
Na	me of the Extension	n Sub Limit o	of the Extension	Dadie III	
Special Cond	itions	AS PER STANDAR	RD WORKMAN'S COMP	Deductibles of the Ex	tension
				ENSATION FOLICY.	
		NA			
pecial Exclu		NA			
pecial Exces	s/Deductible	NΑ			
he Policy sha	all be subject to EM	PLOYEES COMPENSATION	ON INSURANCE Policy	clauses attached herewith.	
Claus	es		Descrip	r clauses attached herewith.	
remium and G	ST Details		Descrip	50011	
remium			Rate of Tax	Amount in INR	
GST				₹ 17,495	
GST GST			9	₹ 17,495 1575	
			9	1575 1575	
GST	ereof the undersian	ed heing duly suthanis	9	1575 1575 0	
GST	ereof the undersign hand(s) on this 28th	ed being duly authorise n day of April,2023.	9	1575 1575	
GST ST Witness whe t his (their) I		ed being duly authorise n day of April,2023.	9	1575 1575 0 on behalf of the Insurers has	lf of
GST ST Witness whe t his (their) I	ereof the undersign hand(s) on this 28th	ed being duly authorise n day of April,2023.	9	1575 1575 0 on behalf of the Insurers has	lf of
GST ST Witness whe t his (their) I		ed being duly authorise n day of April,2023.	9	1575 1575 0 On behalf of the Insurers has For and on beha	If of mpany Limited
GST ST Witness whe t his (their) I		ed being duly authorise n day of April,2023.	9	1575 1575 0 on behalf of the Insurers has	If of Mpany Limited
SST ST Witness whe this (their) i		ed being duly authorise n day of April,2023.	9	1575 1575 0 On behalf of the Insurers has For and on beha	If of mpany Limited
witness when the strict of Issue:	28/04/2023 der the Policy is ₹		9 0 ed by the Insurers and	1575 1575 0 On behalf of the Insurers has For and on beha The New India Assurance Co	mpany Limited
witness when the strict of Issue: amp Duty undrank	28/04/2023 der the Policy is ₹		9 0 ed by the Insurers and	1575 1575 0 On behalf of the Insurers has For and on beha	mpany Limited

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 : 17020023P0001137

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Policy No.: 17020036230100000021Document generated by 31988 at 28/04/2023 12:59:41 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen.

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





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office

: BELAPUR D.O. (170200)

Address

: BELAPUR D.O (170200), VINDHYA COMMERCIAL COMPLEX, 2ND FL, PLOT NO. 1, SECTOR 11

,400614 KOKAN BHAVAN

Insured Pan Number

: AMLPK3311M

Phone **Email**

: 27576618

: nia.170200@newindia.co.in

Fax

Collection Number

: 17020081230000000448

Collection Date **Business Source Code**

28/04/2023

PAN No of Payer

: 1D7019715 : AMLPK3311M

Received with thanks from M/S. AMBIT ELECTRONIC SECURITY SERVICES..

The amount received/Adjusted is towards

	Just to toward	0 -				
	Phalling All					
	Policy No.	A/C Description	A 100 0 1 1 1 1 2 2			
	1700000	, a o Description	Amount₹	A/C Code	Cul- AIC C	
- 1	17020036230100000021	Bank 170200			Sub A/C Code	
		Bank-170200	20645.00	9100.170200		
	Total = ₹ 20645.00			5100.170200	BA00011675-170200-9100	

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Chamus	CI -					
	Aniounic	No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A	
RTGS	20645.00	1172343	27-APR-23	AXIS BANK LTD			PD Balance	
		421	277111725	AXIS BANK LID	MUMBAI	1702002310002688	N.A.	
Total - ₹ 2/	2017 21	81				7		

Total = ₹ 20645.00

Date of Issue: 28/04/2023

Utilization details of the Collected Amount :

	Premium		0.00				
ı	Termum		GST		Stamp Duty		
	17495.00		3150.00			Excess Amount	
	SI no.	Agan au Caula	3130.00		0.00	0	
-	51 110.	Agency Code		Agency Name			
	1	NIAAG00002319				Department Code	
_				SAGAR GHOSALKA	.R	36	

For The New India Assurance Company Limited

Revenue Stamp

Cashier's Initial

Authorized Signatory

Note -

 ${\it 1.Please note the Policy Number, Collection Number and date in all future correspondence.} \ .$

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

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 : 17020023P0001137

IRDA Registration Number: 190

NIA PAN NUMBER: AAACN4165C

Policy No.: 17020036230100000021Document generated by 31988 at 28/04/2023 12:59:41 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.