



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: APPSTECH SOLUTION		
Insured's Details		Issuing Office Details	
Customer ID	: POA2940214	Office Code	: FAZILKA BRANCH (360702)
Address	: 13 ANURADHA APARTMENTS, NR. LIC BUILDING JIVRAJ MEHTA HOSPITAL ROAD VASNA AHMEDABAD AHMEDABAD AHMEDABAD ,GUJARAT, 380007	Address	: FAZILKA BRANCH ,152123
Phone No	: XXXXXX9641	Phone No	: 01638262985
E-mail/Fax	: Nilesh.prajapati@appstech.in, /	E-mail/Fax	: nia.360702@newindia.co.in /
PAN No	: BCCPP2651M	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 03AAACN4165C1Z1
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 36070236230100000001	Business Source Code	
Period of Insurance	: From: 05/04/2023 02:30:48 PM To: 04/04/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D6342501)
Date of Proposal	: 05-Apr-23	Agent/Bancassurance/S pecified Person	: GOPAL SHARMA (NIA3D7644534) GOPAL SHARMA (3D7681654)
Prev. Policy no.	:	Phone No	: 01638267057, 9463107927 / NA
Client Type	: Corporate	E-mail/Fax	: gopalsharma.nia84@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
9,873	1,777	11,650	RUPEES ELEVEN THOUSAND SIX HUNDRED FIFTY ONLY	1000008923040004150 1 - 05/04/23

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	SKILLED & SEMI SKILLED, UNSKILED SITE ENGINEERS FOR INSTALLATION & COMMISSIONER Y OF ELU PRODUCTS ON CLIENT'S SITES(all over Gujarat)	6	1080000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
installation and commissioning of ELV projects on clients site	installation and commissioning of ELV projects on clients site	all over Gujarat clients site	Yes

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	NA	
Special Exclusions	NA	
Special Excess/Deductible	NA	
The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.		
Clauses	Description	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 9,873
SGST	0	0
CGST	0	0
IGST	18	1777

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 05th day of April, 2023.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 05/04/2023	
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(Mr. SOURABH .)
[BRANCH 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 : 36070223P0000047

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
