

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance

**Policy Number:**  
271900412210000007

व्यवसाय स्रोत /Business Source: 271900

विक्रय चैनल वविरण/Sales Channel Code:  
9000180765

नाम /Name: Mr Prasad Raghunath Shahane  
Contact Number: 9762920645

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर/Customer  
Care Toll Free Number:  
1800 345 0330

ईमेल/  
email:customer.support@nic.co.in

जारीकर्ता कार्यालय/Issuing Office  
कार्यालय कोड /Office Code: 271900  
कार्यालय पता /Office Address:  
AHMEDNAGAR BRANCH 201, AMBER  
PLAZA, A WING, 2ND FLOOR.,OPP OLD  
S.T. STAND, STATION  
ROAD,,AHMEDNAGAR 414 001. -  
414001.  
State Code: 27 , Maharashtra  
GSTIN: 27AAACN9967E1Z3  
Contact Number: 241 2452232  
Mobile Number: 0

ग्राहक का नाम /Customer Name: MS FINIKS CALIBRATION AND  
GAUGES PVT LTD

ग्राहक आईडी /Customer ID:  
9517762291

पैन /PAN:

पता/ Address: 21, ANANDNAGAR, NR. WASAN AUTOMOBILES,  
SAHYADRI CHOWK, MIDC, ANR DIST. : AHMEDNAGAR,  
MAHARASHTRA, City: AHMEDNAGAR, District: AHMEDNAGAR,  
State: MAHARASHTRA, PIN: 414003.  
Cell: 9422727566

फोन /Phone:

ई-मेल /E-Mail: SHAHANE102@GMAIL.COM

पॉलिसी: 13/05/2022 के 00:00 से 12/05/2023 की मध्य रात्र तक प्रभावी /Policy Effective from 00:00 hours, on 13/05/2022 to  
midnight of 12/05/2023

प्रीमियम/ Premium	₹ 3,377.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 304.00		
SGST/UTGST	₹ 304.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800220506796391 Dt. 06/05/2022
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	271900812210000183 Dt. 06/05/2022
कुल /Total Amount	₹ 3,985.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Three Thousand Nine Hundred Eighty Five Only.)

Joint Policyholder Name: NA

Joint Policyholder Address: NA

Laws: The Policy covers Liability of the Insured under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to Limit of Indemnity as stipulated against each Law.

SL.No	Law	Limit of Indemnity	Coverage
1	Employee Compensation Act, 1923 and Subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions &Exclusions of the Policy, the amount of liability incurred by the Insured.	Yes
3	Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:- a)Limit Per Employee: ₹25,000.00 b)Aggregate Limit(AOP): ₹2,50,000.00	Yes

SL.No	Industry Type	Description of Work Done by Employees	Number of Employees	Declared Wages/ Contract Value	Place of Employment	Contractors Name, Contractors Address
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## TAX INVOICE

Invoice Serial No: 30772W2P00000007

Invoice Date: 06/05/2022

## Details of Supplier:

National Insurance Company Limited.,  
AHMEDNAGAR BRANCH 201, AMBER PLAZA, A WING, 2ND FLOOR,,OPP OLD S.T. STAND, STATION ROAD,,AHMEDNAGAR 414 001. - 414001  
State : 27 , Maharashtra  
GSTIN No : 27AAACN9967E1Z3

## Details Of Receiver : MS FINIKS CALIBRATION AND GAUGES PVT LTD

Address : 21, ANANDNAGAR, NR. WASAN AUTOMOBILES, SAHYADRI CHOWK, MIDC, ANR DIST.: AHMEDNAGAR, MAHARASHTRA  
City : AHMEDNAGAR,  
District: AHMEDNAGAR,  
State: MAHARASHTRA,  
PIN: 414003.

Place Of Supply State : Maharashtra  
State Code : 27  
GSTIN No : 27AADCF9499C1Z9

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	3,377	0%	3,377	9%	304	9%	304	0%	0	0
<b>TOTAL</b>		<b>3,377</b>		<b>3,377</b>		<b>304</b>		<b>304</b>		<b>0</b>	<b>0</b>

कुल इनवॉयस मूल्य (अंको में) Total Invoice Value (In figures) :  
₹ 3,985

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees  
Three Thousand Nine Hundred Eighty Five  
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

## E.&amp;O.E

कृते नेशनल इन्शुरेंस कंपनी लिमिटेड/ For  
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



## वसूली रसीद/Collection Receipt

जारीकर्ता कार्यालय कोड/Issuing Office Code : 271900	
जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office : AHMEDNAGAR BRANCH 201, AMBER PLAZA, A WING, 2ND FLOOR, OPP OLD S.T. STAND, STATION ROAD, AHMEDNAGAR 414 001. - 414001	
राज्य कोड/State Code : 27 ,राज्य का नाम/State Name : Maharashtra	
जीएसटीआईएन/GSTIN : 27AAACN9967E1Z3	
संपर्क संख्या/Contact Number : 241 2452232	
रसीद सं./Receipt No : 271900812210000183	स्कॉल सं. (यदि कोई हो)/Scroll No(If any) :
रसीद की तिथि व समय/Receipt Date & Time : 06/05/2022. 12:41 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री Ms.FINIKS CALIBRATION AND GAUGES PVT LTD से चेक द्वारा जमा के रूप में रूपये  
Rs. 15,940.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from Ms.FINIKS CALIBRATION AND GAUGES PVT LTD a sum of Rs. 15,940.00 (Rupees Fifteen Thousand Nine Hundred Forty Only ) by way of Cheque towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : Cheque	
उपकरण संख्या/Instrument Number : 000099	उपकरण तिथि/Instrument Date : 04/05/2022
बैंक का नाम (यदि कोई हो)/Bank Name(If any) : Bank of Baroda	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) : Bank of Baroda-Ahmednagar - Main

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/ पृष्ठांकन Policy/Endorsement		व्यव. श्रोत कोड/ Biz Source Code	व्यव.का वर्ग/ विवरण / Class of Business/Narration	राशि रू. / Amount Rs.
		लेन-देन कोड/ Tr Cd	वर्ष/ Year			
1	41 11	2022	271900412210000007	271900 9000180765	Employees Compensation Insurance	
					Direct Premium	3,377.00
					CGST	304.00
					SGST	304.00
					Total	3,985.00
2	41 11	2022	271900412210000008	271900 9000180765	Employees Compensation Insurance	
					Direct Premium	3,377.00
					CGST	304.00
					SGST	304.00
					Total	3,985.00
3	41 11	2022	271900412210000009	271900 9000180765	Employees Compensation Insurance	
					Direct Premium	3,377.00
					CGST	304.00
					SGST	304.00
					Total	3,985.00
4	41 11	2022	271900412210000010	271900 9000180765	Employees Compensation Insurance	
					Direct Premium	3,377.00
					CGST	304.00
					SGST	304.00
					Total	3,985.00