



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: MASS ENGINEERS		
Insured's Details		Issuing Office Details	
Customer ID	: PO76313131	Office Code	: THE NEW INDIA ASSURANCE CO.LTD (151001)
Address	: Plot NO. 82 MIRAJ MIDC AREA DIST. SANGLI 416410 SANGLI ,MAHARASHTRA, 416410	Address	: SIDDHIVINAYAK COMPLEX, NR. TATA PETROL PUMP, MIRAJ RD, SANGLI,416416
Phone No	: 7507506550	Phone No	: 02332670660 / 02332672188 / 9423841450
E-mail/Fax	: MASS@MASSENGRS.COM, /	E-mail/Fax	: nia.151001@newindia.co.in / 02332670514
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27ABHFM7121J1Z4 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15100136190100000241	Business Source Code	
Period of Insurance	: From: 27.03.2023 4:11:22 PM To: 28.04.2023 time: 12:59:00	Dev.Off	: JAYWANT VASANTRAO SHINDE [708] - (1D7805086)
Date of Proposal	: 27.03.2023	Agent/Bancassurance/ Specified Person	: AVADHUT ANIL JADHAV (381) (NIA1D7798646) MR. AVADHOOT A. JADHAV (381) (1D7808323)
Prev. Policy no.	:	Phone No	: 9970896404 / 2328546, 9822477749
Client Type	: Corporate	E-mail/Fax	: aaj381@gmail.com, aaj381@gmail.com / jaywant_shinde29@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (in words)	Receipt No. & Date
2214	398	2612	RUPEES TWO THOUSAND SIX HUNDRED TWELVE ONLY	1000089191200230308

Details of Employees with monthly wages upto ` 8000:

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	04	500000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
Engineering Workshop	Engineering Workshop	M/s: Endurance Company Limited	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
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Signature Not
Verified
Digitally signed
by Srinivasan
Vaideswara
Date: 27.03.2023

Policy No. : 15100136190100000241 Document generated by AG_AVADHUT

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



Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹50000	NA
Special Conditions	NA	
Special Exclusions	NA	
Special Excess/Deductible	NA	
The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.		
Cluses	Description	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹2214.00
SGST	9	199
CGST	9	199
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 March 2023..

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 27.03.2023

(MR. NITIN PARGAONKAR)
[BRANCH MANAGER]
Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt
number _____ dt. _____.

Tax Invoice No : 15100119P0025043

IRDA Registration Number: 190

