



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: HARIKISHAN JAJOO EDUCATION SANSTHA YAVATMAL		
Insured's Details		Issuing Office Details	
Customer ID	: PO64665386	Office Code	: YAVATMAL BRANCH (160602)
Address	: COLLEGE OF MANAGEMENT AND COMPUTER SCIENCE NARINGE NAGAR, DHAMANGAON ROAD, YAVATMAL YAVATMAL, MAHARASHTRA, 445001	Address	: FIRST FLOOR, YERAWAR BUILDING, DATTA CHOWK, 445001
Phone No	: 9423131946	Phone No	: 07232245154 / 07232245393
E-mail/Fax	: /	E-mail/Fax	: nia.160602@newindia.co.in /
PAN No	: /	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16060236190100000053	Business Source Code	
Period of Insurance	: From: 16/11/2019 12:00:01 AM To: 15/11/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator	: SURENDRA L SOHONI - (2D10753024)
Date of Proposal	: 16-Nov-19	Agent/Bancassurance/Specified Person	: Mr. BHUSHAN SANJAY KOTHARI (NIAAG00030312) BHUSHAN S.KOTHARI (SI00057542)
Prev. Policy no.	: 16060236180100000061	Phone No	: 9371939990 / 9422166445, 9422166445
Client Type	: Non-Corporate	E-mail/Fax	: kothari.bhushan.bj@gmail.com / / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
7800	1404	9204	RUPEES NINE THOUSAND TWO HUNDRED FOUR ONLY	1606028119000000402 3 - 11/11/19

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 ₹ 8000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Educational Training Institutions, Schools and Staff (Excl. Veterinary Colleges)College	All other employees	16	5200000

Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
COLLEGE TEACHING AND NON TEACHING STAFF AS PER LIST ATTACHED	TEACHING AND NON TEACHING STAFF AS PER LIST ATTACHED	NARINGE NAGAR, DHAMANGAON ROAD, YAVATMAL	

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	AS PER POLICY 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		₹ 7800.00
SGST	9	702
CGST	9	702
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 11th day of November,2019.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 11/11/2019

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 : 16060219E0004836

IRDA Registration Number: 190