

प्रमाणिक /Endorsement - Employees Compensation Insurance	
प्रीनेसी संख्या/Policy Number : 462200412410000017	प्रदाता कार्यालय /Issuing Office कार्यालय कोड /Office Code : 462200 वार्षिक पता / Office Address: HARDWAR BUSINESS OFFICE 1-B, GOVINDPURI, - 249401 State Code: 5, Uttarakhand सैलरी/GSTIN : GSTIN 05AACN9967E129 संपर्क संख्या / Contact Number: 1334 223794 विक्रय चैनल संपर्क नंबर/ Sales Channel Contact Number : 9837137161
अवसरा स्रोत/ Business Source : 9000189007	
विक्रय चैनल का नाम/ Sales Channel Name : Mr Harvinder Singh Uppal	
	कस्टमर केयर टॉल फ़िर नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/email: customer.support@nic.co.in



ग्राहक का नाम/Customer Name: M/S KGL INFRASTRUCTURES	ग्राहक आईडी/ Customer ID: 9702202038	पन/ PAN: *****4D
पता/ Address: 33-A, AAM BAGH, GARHI CANTT., DEHRADUN 248003, शहर/City : DEHRADUN, ज़िला/District : DEHRADUN, राज्य/State : UTTARAKHAND, पिन/ PIN : 248003.	फोन/ Phone: *****17	
मोबाइल/Mobile : *****17	ई-मेल/ E-Mail: *****35@gmail.com	
Policy Effective from 00:00 hours, on 10/01/2025 to midnight of 31/03/2026		
Premium:	₹ 28,856.00	Total SI: Unlimited
Less Digital Discount	₹ 0.00	
Total Premium	₹ 28,856.00	
CGST	₹ 2,597.00	
SGST/UTGST	₹ 2,597.00	Proposal Number and Date: 8800250108295494 Dt. 08/01/2025
IGST	₹ 0.00	
Kerala Flood Cess	₹ 0.00	
Recoverable Stamp Duty:	₹ 0.00	Receipt Number: 462200812410003578
Total Amount:	₹ 34,050.00	Receipt Date: 10/01/2025
(Rupees Thirty Four Thousand Fifty Only.)		Co-Insurance Details: N/A
Endorsement Effective from 11:30 hours, on 19/05/2025 to midnight of 31/03/2026		
Additional Premium:	₹ 5,680.00	Insured's Request Date: 19/05/2025
CGST	₹ 511.00	
SGST/UTGST	₹ 511.00	Endorsement Number: 462200412482100010
IGST	₹ 0.00	
Kerala Flood Cess	₹ 0.00	
Recoverable Stamp Duty:	₹ 0.00	Endorsement Issue Date: 19/05/2025
Total Amount :	₹ 6,702.00	Receipt Number: 462200812510000482
(Rupees Six Thousand Seven Hundred Two Only.)		Receipt Date: 19/05/2025

General / Common Information change

It is hereby declared and agreed that with effect from 19/05/2025

Contract Value is changed from 6150000 to 7095000

Declared No. of Employees is changed from 25 to 30

Adjusted Wages/Value is changed from 6,150,000.00 to 7,095,000.00

In consequence of which, an additional premium of 6702 is hereby charged to the Insured.

5 SEMI SKILLED WORKER ADDED, WAGES PER MONTH-18000/-

Subject otherwise to the Terms, Exclusion and Conditions of this Policy.