

*Date of appointment and leaving the job may be given in serial column.

(FOR OFFICIAL USE)

Signature of the Employer

1. Entitlement position marked
2. Total of Col. 5 of Return checked and found correct/correct amount is indicated
3. Checked the amount of Employer's/Employee's contribution paid which is in order / observation memo enclosed

U.D.C

Head Clerk

Branch Officer

Countersignature _____

-- End of Report --

FORM 5
RETURN OF CONTRIBUTIONS
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 26)

Name of Branch Office : **BO - Nangloi**
 Name and Address of the factory or establishment : **PARADISE ENTERPRISES - QU-167A, PITAMPURA, DELHI-110034,**
 Employer's Code No. : **22000701970001001**

Particulars of the Principal employer(s)
 (a) Name :

(b) Designation :

(c) Residential Address:

Contribution Period from : **Apr 2014 to Sep 2014**

I furnish below the details of the Employer's and Employee's share of contribution in respect of the under mentioned insured persons. I hereby declare that the return includes each and every employee, employed directly or through an immediate employer or in connection with the work of the factory / establishment or any work.....connected with the administration of the factory / establishment or purchase of raw materials, sale or distribution of finished products etc. to whom the ESI Act, 1948 applies, in the contribution period to which this return relates and that the contributions in respect of employer's and employee's share have been correctly paid in accordance with the provisions of the Act and Regulations.

Employee's Share	1,667.00
Employer's Share	4,510.00
Total Contribution	6,177.00

S.No.	Month	Challan Number	Date of Challan	Amount	Name of the Bank and Branch
1	Apr-2014	02214110656978	5/8/2014	753.00	State Bank of India
2	May-2014	02214113916734	6/13/2014	1595.00	State Bank of India
3	Jun-2014	02214115459042	7/6/2014	1621.00	State Bank of India
4	Jul-2014	02214118435296	8/10/2014	831.00	State Bank of India
5	Aug-2014	02214121508910	9/15/2014	961.00	State Bank of India
6	Sep-2014	02214123797189	10/15/2014	416.00	State Bank of India

Place

Date:

Total amount paid: 8177.00

Signature and Designation of the Employer
(With Rubber Stamp)

Important Instructions : Information to be given in Remarks Column (No. 9)

(i) If any I.P. is reported for the first time and / or leaves during the contribution period indicate
"A" _____ (date) and / or "B" _____ (date)

(ii) Please indicate Insurance Nos. in ascending order.

(iii) Figures in Columns 4,5 & 6 shall be in respect of wage periods ended during
the contribution period.

(iv) Invariably strike totals of Columns 4, 5 and 6 of the Return.

For CP ending 31st March, due date is 12th May

For CP ending 30th September, due date is 11th November

EMPLOYEES' STATE INSURANCE CORPORATION

Employer's Name and Address **PARADISE ENTERPRISES - QU-167A, PITAMPURA, DELHI-110034,**

Employer's Code No. period from **Apr 2014 to Sep 2014**

Sl.No.	Insurance Number	Name of Insured Person	No. of days for which wages paid	Total amount of wages paid (Rs.)	Employee's contribution deducted	Average Daily Wages(Rs.)	Whether still continues working	Remarks
1	2206590394	PRAMOD KUMAR	0	0.00	0.00		Y	
2	2211787245	SUDHA CHANDRA JHA	104	41,496.00	728.00	399.00	Y	
3	2212259834	PRABHASH KUMAR	32	10,528.00	186.00	329.00	N	
4	2213589255	CHHOTU KUMAR	32	10,528.00	186.00	329.00	Y	
5	2213713384	VINOD KUMAR MANDAL	0	0.00	0.00		N	
6	2213713415	RAVI SANKAR	0	0.00	0.00		N	
7	2213713420	SUNIL KUMAR	81	32,319.00	567.00	399.00	Y	