

FORM 'A'
(See Rule 3 (4))

001142

ANNEXURE

Statement of employees and employers' contribution for the six months
From 01/07/2016 to 31/12/2016 respectively

1. Name of the establishment. **M/s Paradise Enterprises**
2. Name of the Employer. **Mr. Rajeev Mehra**
3. Class of establishments (I.e. whether a factory of motor omni bus service, a shop, commercial establishment, Residential, hotel, Restaurant, eating house, theatre or other place of public amusement or entertainment.)
Electrical Contractor.
4. Address of the establishment ; **QU-167A , Pitam Pura, Delhi -110034**
5. Total Number of employees whose names stands on the establishment register on the 01/07/2016 to 31/12/2016
6. (a) Employees' contribution of the No. 12 Rs. 9.00
(b) Employers ' contribution of the No 12 Rs. 27.00 Per employee,
36.00
7. Total of sub- entries (a) and (b) of entry 6.
8. Weather the contribution has already been paid to the Welfare Commissioner, if so, whether by Cheque, money order or cash and details there of.



Signature of the employer.

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25/11/14
Delhi Labour Welfare Board
Govt. of N.C.T. of Delhi
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