

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

001142

ANNEXURE

Statement of employees and employers' contribution for the six months
From 01/01/2017 to 30/06/2017 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 01/06/2017 to 30/06/2017
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.

Delhi Labour Welfare Board
Govt. of N.C.T. of Delhi
A-Block, 5th Floor,
Vikas Bhawan-II
Near Kirti House
Civil Lines, Delhi-110054


Signature of the employer.