

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

001142


ANNEXURE

Statement of employees and employers' contribution for the six months
From 01/01/2015 to 30/06/2015 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 01/01/2015 to 30/06/2015
- 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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