



**EMPLOYEES' STATE INSURANCE CORPORATION**  
**Return of Declaration Form**  
**Regulation 14**

**Name & Address of Factory or Establishment**

Johnson Lifts Pvt Ltd  
flat No.3, Lalit Co-op.Housing Society,  
Above Pratik Communication, Tidke Colony, Cha  
Nasik 422002

**Employer's Code No.**

36510085220010606

I send herewith Declaration Forms in respect of the employees mentioned below. I hereby declare that every person employed as an employee within the meaning of Section 2(9) of the Employees' State Insurance Act, 1948 on ..... in this factory or establishment and in respect of a remuneration not exceeding Rs. 15,000/- (excluding remuneration for overtime work) per month has been included in this list (excepting only those in respect of whom declaration forms have been sent to the Corporation in the past).

**Place**

**Local Office**

**Date**

2/8/2023

**Designation**

SI No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date
1	ANAND VISHWANATH AWARE	3601253248	--	--	NO	20-02-2023
2	ASHOK BHARAT BEDWAL	3601305468	--	--	NO	08-06-2023
3	GANESH GAUTAM NIKUMBH	3600587813	--	--	NO	04-09-2018
4	NILESH TILSHRAM CHAURAS	3601051323	--	--	NO	11-01-2022
5	PRASHANT BHAGAWAN MAR.	3601329164	--	--	NO	21-07-2023
6	RAHUL BHASKAR SHELAR	3601264439	--	--	NO	13-03-2023
7	RAHUL RAGHUNATH PAWAR	3601293363	--	--	NO	16-05-2023

SI No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date
8	RAHUL SURESH JADHAV	3600728527	--	--	NO	13-08-2019
9	SHANKAR PAWAR	3600696986	--	--	NO	07-06-2019
10	SHANTANU BANTE	3600944457	--	--	NO	27-04-2021
11	TUSHAR SANJIV AHIRE	3600397098	--	--	NO	06-04-2017
12	VIJAY SHIVAJI SAINDANE	3601277589	--	--	NO	10-04-2023