



SUB REGIONAL OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAVAN, BIBVEWADI, PUNE - 411 037.
 Phone No. 24211138/39, Email:- dir-pune@esic.nic.in

No. R- 16668 / 2010 (33000376670001099)

Dated : 09-Aug-2010

To
 M/s **Integrated Coolant Management Services**
 F.201, Parmar Park, Sector-26,
 PCNTDA, Nigadi,
 Pune
 411044

Shri/Smt **M . P. Krishanan**
 Shri/Smt -
 Phone No. **9850049247**

Subject:- Implementation of the E.S.I. Act, 1948 (as amended)-Registration of
 factories / establishments coverable under the Act.

Sir,

I have to inform you that u/s 1(3) of the E.S.I. Act, 1948, the Central Govt. vide
 Notification No. **13/25/65 HI** dated **04/Aug/1965** has made the provisions of the Act
 applicable to all the factories coverable u/s 2(12) of the Act, within the area specified in the notification
 w.e.f. **15/Aug/1965**

I have further to inform you that the appropriate government has extended the provisions
 of the Act to other establishments u/s 1(5) of the Act w.e.f. **27/Nov/1976** vide Notification
 No. **ESI-1875/800/ PH-15** dated **19/Nov/1976**

Under section 2-A of the Act, such establishment to which the Act is applicable is
 required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal
 employer thereof to insure its employees and to pay contribution in respect of such employees covered
 under the Act.

On the basis of the particulars in respect of your **establishment** submitted by you/ the
 report of the inspection of your **establishment** conducted by the Insurance Inspector on
10/06/2010 your **establishment** falls within the purview of sec. **1(5)** of the E.S.I. Act, 1948 w.e.f.
02/05/2010 (Prov.) In case, however, subsequent facts reveal that your **establishment** was
 coverable from a date prior to the date mentioned above, you shall be liable to comply with the
 provisions of the Act from such earlier date.

You are requested to take immediate steps for :

1. **15,000/-** Registration of your employees (whose wages excluding remuneration for overtime are
 Rs. 10,000/- or below per month) under the Act by filling in and submitting Declaration Forms alongwith
 the photographs of employees and their family members within 10 days of the receipt of this letter to
 Branch Office
2. Payment of contribution and submission of Returns.
3. Maintenance of all the relevant records as per the provisions of the Act and the
 Regulations framed thereunder, from the date of coverage of your **establishment** under the Act.

For the sake of convenience, your **establishment** has been allotted the Code No
33000376670001099, which may be used in all communications sent to this office and all forms at the places
 indicated for the purpose.

You are attached to Branch Office **AKURDI** of the Corporation, situated at
ESIS Hospital-Cum-ODC, 130/9, Mohan Nagar, Chinchwad, Pune - 411 019

The Branch Office Manager has been instructed to render necessary assistance in
 connection with the registration of your employees etc. In case you find any difficulty for any
 purpose which may be necessary in connection with the scheme, you are requested to contact the
 Manager of the above Branch Office who will render necessary help in the matter.

