



ESIC
Employees' State Insurance Corporation

Insurance

User Login: 69000495600000699

Thursday, March 02, 2023 10:47:18 AM

[Employer](#) > Employer Initiated Change Request

Employer Initiated Request for Changes in Registered Details - Form-01 C				* Required Fields	
ESIC Code Number Of Employer:*		<input type="text" value="69000495600000699"/>			
Select a Property to Edit:*		<input type="text" value="Complete Postal Address of Factory/Establishment"/>			<input type="button" value="Edit"/>
Name of the*	<input checked="" type="radio"/> Factory <input type="radio"/> Establishment	<input type="text" value="MS YASKAWA INDIA PVT LTD."/>			
Complete Postal Address of Factory / Establishment					
Address :*		<input type="text" value="Plot No 136 Sector 8"/>	Pin Code:*	<input type="text" value="122001"/>	
		<input type="text" value="IMT Manesar"/>	Phone No.:	<input type="text"/> - <input type="text"/>	
		<input type="text" value="GURGAON (HARYANA)"/>	Mobile No.:	<input type="text" value="91"/> - <input type="text" value="9810302100"/>	
State:*		<input type="text" value="Haryana"/>	Fax No.:	<input type="text"/> - <input type="text"/>	
District:*		<input type="text" value="Gurgaon"/>	Email:	<input type="text" value="vas800@rediffmail.com"/>	
Police Station:*		<input type="text" value="GURGAON"/>			
<input checked="" type="radio"/> Income Tax PAN No. <input type="radio"/> GIR No		<input type="text" value="AAACY4408P"/>	Income Tax	<input type="text"/>	
			<input checked="" type="radio"/> Ward <input type="radio"/> Circle <input type="radio"/> Area		
Name Of					
<input type="radio"/> Town <input checked="" type="radio"/> Revenue Village		<input type="text"/>	<input type="radio"/> Taluk <input checked="" type="radio"/> Tehsil	<input type="text"/>	
<input type="radio"/> Husbast No <input checked="" type="radio"/> Revenue Demarcation		<input type="text"/>	Municipality:	<input type="text"/>	
Constitution of Ownership:*			<input type="text" value="Public Ltd Company/Joint Stock Company"/>		
(Attach copy of memorandum & articles of Association/Partnership Deed/Resolution):					
Name/Address(s) of Present Proprietor/Managing Directors/Managing Partners/Secretary of the Co-operative Society :*			Click Here to Enter Details		

Details of Bank Account

Select	Account No*	Name of Bank*	Name of the Branch*	MICR Code of the Bank/Branch*	IFSC Code of the Bank/Branch*
<input type="checkbox"/>	<input type="text" value="720010200000295"/>	<input type="text" value="AXIS BANK"/>	<input type="text" value="MANESAR"/>	<input type="text" value="0000"/>	<input type="text" value="0000"/>