

Insurance

User Login: 69000495600000699

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

Employer > Employer Initiated Change Request

Employer Initia	ated Request for Cha	inges in Registered De	etails - Form-01 C				* Required Fields	
ESIC Code Number Of Employer:*		690004	69000495600000699					
Select a Property to Edit:*			Complete Postal Address of Factory/Establishment				Edit	
Name of the*	Factory Est	tablishment MS YA	MS YASKAWA INDIA PVT LTD.				-	
Complete Postal	Address of Factory / I	Establishment						
Address :*		Plot No	136 Sector 8	Pin Code:*		122001		
		IMT Ma	anesar	Phone No.:	-			
		GURG	AON (HARYANA)	Mobile No.:	91 -	9810302100		
State:*		Haryan	a v	Fax No.:	-			
District:*		Gurgad	on 🗸	Email:	vas800@re	diffmail.com		
Police Station:*		GURG	GURGAON					
O Income Tax PAN No. O GIR No		AAACY	AAACY4408P					
Name Of								
🔿 Town 🧿 Revenue Village				🔿 Taluk 🧿 Tehsil				
O Hudbast No O Revenue Demarcation		ation		Municipality:				
Constitution of Ownership:* (Attach copy of memorandum & articles of Association/Partnership Deed/Resolution):				Public Ltd Company/Joint	Public Ltd Company/Joint Stock Company			
Name/Address(s) of Present Proprietor/Managing Directors/Managing Partners/Secretary of the Co- operative Society :*				e Co- Click Here to Enter Details	Click Here to Enter Details			
Details of	f Bank Acc	ount						
Select Acco	ount No*	Name of Bank*	Name of the Branch	* MICR Code of the Bank/E	Branch*	IFSC Code of the Bank/Branch*		
	720010200000295	AXIS BANK	MANESAR	0000		0000		