



Sub-Regional Office

EMPLOYEES' STATE INSURANCE CORPORATION

Regional Office, P-16, IInd Floor, ESIS Hospital Complex, Naregaon
Road, MIDC Chikalhana, Aurangabad -431 210

To

Date : 28/9/2016

M/S. Om Services

Plot No.39/2, Malhar Chowk
Vijaynagar, Garkheda,
Aurangabad

Aurangabad
Maharashtra

Sub: Coverage of Branch / Sales Office of covered factory / establishment / employees posted in such branches / places
situated in Aurangabad - Sub-Regional Office under ESI Act, 1948 - reg

Dear Sir,

I have to inform you that on the basis of the information furnished by you, your factory / Branch Office/ Sales Office at above mentioned address and the employees working in your office at Plot No.39/2, Malhar Chowk Vijaynagar, Garkheda, Aurangabad, Aurangabad, Maharashtra are covered under the Employee's State Insurance Act, 1948 (as amended) with effect from 01/09/2016 or from the date of inception of your Branch Office / Sales Office whichever is earlier. You are therefore requested to comply with the various provisions of the said Act and arrange for registration of all the employees and payment of contributions in respect of them.

1. Consequent to the Repeal of Chapter V-A Employees special contribution is not payable from 1-7-3 instead, Contribution (Both Employees Contribution and Employers Contribution) as shown in Schedule-I of the Employee's State Insurance Act is payable, which may please be noted for compliance.
2. The payment of Employees Contribution at the rate as prescribed in Rule 51 of the Employees State Insurance Act is required to be made within the limits prescribed under Regulation 31 of the ESI (General) Regulation, 1950.
3. Your Unit has been allotted sub code No. **25250023890011001** which may kindly be used in all communications sent to this Office. This Code Number may be indicated in all Forms and Returns to be submitted to this Office. The Code Number has been allotted on the basis of information furnished by you.
4. The Branch Office/Local Office of the Corporation situated at BO - AURANGABAD, AURANGABAD Branch office, ESI corporatio, ESI Hospital Complex, East wing, P-16, MIDC, Naregaon Road, SIDCO, Aurangabad-431003, Maharashtra has been instructed to render the necessary assistance to you in connection with the compliance of employees.

The Corporation officials would be glad to render all necessary assistance to you in discharging your obligations under the E.S.I. Act, 1948 and I am sure of I am prompt and timely compliance on your part.

Yours faithfully,
Assistant/Deputy Director

Copy for information and necessary action to:

1. Om Services

Aurangabad Plot No.39/2, Malhar Chowk, Vijaynagar, Garkheda, Aurangabad

2. BO - AURANGABAD, AURANGABAD, Branch office, ESI corporatio, ESI Hospital Complex, East wing, P-16, MIDC, Naregaon

Road, SIDCO, Aurangabad-431003, Maharashtra

3. The Additional Commissioner



उप-क्षेत्रीय कार्यालय, SUB-REGIONAL OFFICE
कर्मचारी राज्य बीमा निगम, E. S. I. CORPORATION

पी-१६ कर्मचारी राज्य बीमा संकुल, IIInd Floor, ESIS Hospital Building, P-16,
औरंगाबाद- 431 210 Aurangabad - (M.S.) - 0240-248 3144, 248 5949, 6452516.

No.: SRO/ABD/25 - 2389 - 101/COV./08

DATE: 31/12/2008

M/s. OM SERVICES,
PL.NO.39/2, MALHAR CHOWK,
VIJAY NAGAR, GARKHEDA AREA,
AURANGABAD.

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

Sir,

1. I have to inform you that U/s1 (3) of the ESI Act the Central Govt. vide Notification No. **ESI-2787/1905/CR-295/87/MED-13 dated 01.12.1989** has made the provisions of the Act applicable to all the factories coverable U/s 1(5) of the Act, within the area specified in the Notification **w.e.f. 01/01/1990**.
2. 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.
3. On the basis of: -
 - a) The particulars in respect of your **Establishments** submitted by you in Form 0-1 dated **24/12/2008** your **Establishment** falls within the purview of Sec. **1(5)** of the ESI Act, 1948 **w.e.f. 01/11/2008 (Provisionally)**.
In case, however, subsequent facts reveal that your **Establishment** was coverable from date prior to the date mentioned above, you shall be liable to comply with the provisions of the Act from such earlier date.
4. You are requested to take immediate steps for: -
 - i. Registration of your employees (whose wages excluding remuneration for overtime are Rs.10,000/- or below per month w.e.f. 01.10.2006 onwards) 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.
 - ii. Payment of contribution and submission of Returns.
 - iii. Maintenance of all the relevant records as per the provisions of the Act and the Regulations framed there under, from the date of coverage of your **Establishment** under the Act.
5. For the sake of convenience, your **Establishment** has been allotted the Code No.: **25-2389-101** which may be used in all communications sent to this office and all forms at the places indicated for the purpose.
6. You are attached to Branch Office **Aurangabad** of the Corporation situated at **P-16, E.S.I. Hospital Complex, Naregaon Road, Chikalhana, Aurangabad - 431 210.**

Contd.... 2

7. The Branch Office Manager has been instructed to render necessary assistance to you in Connection with the registration of your employees etc. In case you find any difficulty or for any other 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.
8. Correspondence with this office in future may please addressed to the Joint Director (Ins. Br.), ESI Corporation, P-16, E.S.I.Hospital Complex, Naregaon Road, Chikalhana, Aurangabad - 10.
9. The Branches of State Bank of India, as specified in the list enclosed are authorized to receive the payment of contributions and other dues payable, in any of the branches specified in the list, through challans, which will be available free of cost with the Branch Office Manager.
10. It is requested that publicity may kindly be given to enable your employees to choose their doctor / ESI dispensary, and the required forms may please be collected from the above Branch Office to which your employees will also be attached. To facilitate this, a list of area-wise IMPs/ Dispensaries of Aurangabad & Waluj is also enclosed.
11. Rule 51 of the ESI (Central) Rules, 1950 has been amended w. e. f. 01.10.04 which provides for rounding both the employer's contribution and employees' contribution to the next higher rupee in respect of each employee. You are, therefore, requested to pay monthly contribution as per the amended provisions of Rule 51.
12. Regulation 10-C has been inserted in the ESI (General) Regulations, 1950, w.e.f. 01.01.2005 which provides that the employer in respect of a factory or establishment to which this Act applies shall furnish to the appropriate Regional / Sub Regional / Divisional Office by 31st of January every year, a return in form 01-A. You are requested to submit the said return in form 01-A is enclosed. You are requested to submit the said return in form 01-A every year so as to reach this office before 31st January of each year. A copy of form 01-A in enclosed. You are requested to submit the said return for the current year to this office immediately.
13. The Corporation officials would be pleased to render all necessary and possible assistance to you in discharging your duties and obligations under the E.S.I. Act, 1948, and I am confident of prompt and timely compliance with the provisions of the Act and the Regulations on your part.

Yours faithfully,

Encl: As above.

(B. RAMAKOTH) 31/12/04

JOINT DIRECTOR I/C.

Copy to:-

1. The Manager, Branch Office, **Aurangabad** for information and necessary action. He is advised to watch the submission of Declaration Forms by the employer and ensure early registration. He is also advised to submit report thereon every fortnight. The No. of employees initially coverable is **24**. We are also enclosed Declaration Forms of 24 No. of employees herewith.
2. The EDP Cell (C-6 Posting Cell)
3. Inspection Control Br.
4. Ins. Inspector Aurangabad for information and further necessary action.

JOINT DIRECTOR I/C.



ESIC
Employees' State Insurance Corporation

Insurance

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[Monthly Contribution](#) > [Online Challan Form](#)

Transaction Details		* Required Fields
Transaction status:	Transaction Success	
Employer's Code No:	25000023890001001	
Employer's Name:	Om Services	
Challan Period:	jul-2022	
Challan Number :	02522129012875	
Challan Created Date	14-08-2022 19:26:35	
Challan Submitted Date	14-08-2022 19:26:43	
Amount Paid:	116680	
Transaction Number:	85892780	
Print Close		

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