



Sub-Regional Office
EMPLOYEES' STATE INSURANCE CORPORATION
Sub-Regional Office, ESIC Corporation, Parichadeep bhavan,
P-82, Naregaon Road, MIDC, Chikhalthana,

C-11 Regd. with a.d.

To
M/s. NARAYAN LAXMAN RAUT
SMASH ELECTRICALS
Plot No. C-113 Shop No-5
Midc Waluj
Midc Waluj, 431003

Dated: 14/2/2023

Subject:- Implementation of the E.S.I. Act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(5) of the Act, as amended.

Dear Sir(s),

1. It is informed that under section 1(3) of the esi. act, 1948 is applicable to all factories/establishments covered under the act within the area where your factory/establishment is situated
2. It is further informed that the appropriate government has extended the provisions of the act to other establishments under section 1(5) of the act in this area
3. Under section 2 a of the act such a factory/establishment is required to register itself under the act and chapter iv thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the act.
4. On the basis of the particulars in respect of your factory/establishment submitted by you, the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 11-02-2023. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act. **You are also requested to submit employer's registration form (form 01) as required under the provisions of sec.2-a of the esi act, 1948 read with regulation 10-b of the esi(general), regulations, 1950.
6. For the sake of convenience your establishment has been allotted code No. 25000255640000699 which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at Plot no P173, Opp Tirupati Hospital, Mahavir chowk, MIDC, Waluj, Aurangabad, Maharashtra - 431136 has been instructed to render necessary assistance to you in connection with registration of your employees. 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.
7. A State wise list of ESI Dispensaries is available on our website www.esic.nic.in under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

8. The corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the esi act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI act and regulations on your part.

9. All the Branches of State Bank of India are authorized to accept the ESI Contribution .

10. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website www.esic.nic.in under the link Publications which may be downloaded for wide publicity for the smooth functioning of the scheme

11. Please indicate your code no. on all correspondences to avoid delay

Yours faithfully,

Asstt./Dy. Director

Encl.: As state above

Copy for information and necessary action to:

Name of the principal employer : SMASH ELECTRICALS (Prop. NARAYAN LAXMAN RAUT)

No. of employees : 20

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY



EMPLOYEES' STATE INSURANCE CORPORATION
Return of Declaration Form
Regulation 14

Name & Address of Factory or Establishment

NARAYAN LAXMAN RAUT
SMASH ELECTRICALS
Plot No C-113 Shop No-5

Midc Waluj

Midc Waluj

Employer's Code No.

2500025564000699

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 its 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 16/2/2023

Designation

Sl No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date
1	AJAY AMBADAS GAVALE	2504511847	--	--	NO	15-02-2023
2	ANIKET SANJAY DHONDE	2504511873	--	--	NO	15-02-2023
3	ARJUN BHIMRAO THORAT	2504511864	--	--	NO	15-02-2023
4	ASHOK POPATRAO BODHAR	2504511870	--	--	NO	15-02-2023
5	BADRINATH LAXMAN RAUT	2504511884	--	--	NO	15-02-2023
6	BALU ASHOK RABADE	2504511890	--	--	NO	15-02-2023
7	BALU CHANDRAHAR RAUT	2504511852	--	--	NO	15-02-2023

SINo	Employee Name	Insurance No.	From Date	To Date	Exemption Status	Registration Date
8	DILIP BHATU PATIL	2504511868	--	--	NO	15-02-2023
9	GAJANAN PRALHAD POLE	2504511878	--	--	NO	15-02-2023
10	GANESH SHRAVAN GHAYVAT	2504511891	--	--	NO	15-02-2023
11	MAHADEV ARJUNRAO SAGAL	2504511887	--	--	NO	15-02-2023
12	NAVNATH RAMNATH RAUT	2504511858	--	--	NO	15-02-2023
13	PRAVIN HARISHCHANDRA MA	2504511883	--	--	NO	15-02-2023
14	RAJESH VARMA	2504511900	--	--	NO	15-02-2023
15	SACHIN SANTOSH NAMEKAR	2504511876	--	--	NO	15-02-2023
16	SANTOSH GANGADHAR MOG	2504511880	--	--	NO	15-02-2023
17	SHANTILAL HIRAMAN BHOPL	2504511897	--	--	NO	15-02-2023
18	VAJINATH PARASRAM ALAJA	2504511860	--	--	NO	15-02-2023
19	VISHAL DATTATRAY DHONDE	2504511879	--	--	NO	15-02-2023
20	VISHAL VISHNU NAMEKAR	2504511857	--	--	NO	15-02-2023



Monthly Contribution Challan Form

Transaction Details

Transaction status:	Completed successfully.	* Required Fields
Employer's Code No:	2500025564000699	
Employer's Name:		
Challan Period:		
Challan Number:	02524114239902	
Challan Created Date:	11-04-2024 19:11:59	
Challan Submitted Date:	12-04-2024 17:28:43	
Amount Paid:	7135.00	
Transaction Number:	CPADSGXAS1	

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