

FORM 5

RETURN OF CONTRIBUTIONS  
EMPLOYEES' STATE INSURANCE CORPORATION

(Regulation 26)

Name of Branch Office : **BO - AKURDI** Employer's Code No. **33000587950000699**  
Name and Address of the factory or establishment : **MS KAMLESH ENTERPRISES - 10/2 BLOCK NO-D KARAN APARTMENT, INDRAYANI VIDAYMANDIR COLONY, TALEGOAN DABHADE**

Particulars of the Principal employer(s)  
(a) Name : **Dilip Gangaram Gaikwad**

(b) Designation : **Proprietor**

(c) Residential Address: **TALEGOAN**

Contribution Period from : **Apr 2017 to Sep 2017**

I furnish below the details of the Employer's and Employee's share of contribution in respect of the under mentioned insured persons. I hereby declare that the return includes each and every employee, employed directly or through an immediate employer or in connection with the work of the factory / establishment or any work.....connected with the administration of the factory / establishment or purchase of raw materials, sale or distribution of finished products etc. to whom the ESI Act, 1948 applies, in the contribution period to which this return relates and that the contributions in respect of employer's and employee's share have been correctly paid in accordance with the provisions of the Act and Regulations.

|                    |          |
|--------------------|----------|
| Employee's Share   | 962.00   |
| Employer's Share   | 2,600.00 |
| Total Contribution | 3,562.00 |

| S.No. | Month    | Challan Number | Date of Challan | Amount  | Name of the Bank and Branch |
|-------|----------|----------------|-----------------|---------|-----------------------------|
| 1     | Sep-2017 | 03317130235169 | 10/31/2017      | 3562.00 | State Bank of India         |

Total amount paid: 3562.00

Place: