



**ESIC**  
Employees' State Insurance Corporation

Insurance

User Login: 33000498230001001

Friday, June 14, 2024 1:54:14 PM

[Employer](#) > Employer Initiated Change Request

### Employer Initiated Request for Changes in Registered Details - Form-01 C

ESIC Code Number Of Employer:*		33000498230001001	
Select a Property to Edit:*		-----Please Select-----	
Name of the	<input checked="" type="radio"/> Factory Establishment	ABHISHEK NURSARY GARDEN WORK	
Complete Postal Address of Factory / Establishment			
Address :*	AT-ASKHED KHURD	Pin Code:*	410501
	POST-AMBETHAN	Phone No.:	410501 -
	TAL-KHED	Mobile No.:	91 - 9763
State:*	Maharashtra	Fax No.:	-
District:*	Pune	Email:	abhisheknarsary2016@gmail.c
Police Station:*	CHAKAN		
<input checked="" type="radio"/> Income Tax PAN No.	<input type="radio"/> GIR No	Income Tax	
	AFCPL2485H	<input checked="" type="radio"/> Ward	<input type="radio"/> Circle
		<input type="radio"/> Area	0
Name Of			
<input checked="" type="radio"/> Town	<input type="radio"/> Revenue Village	<input type="radio"/> Taluk	<input checked="" type="radio"/> Tehsil
	1		0
<input type="radio"/> Hudbast No	<input checked="" type="radio"/> Revenue Demarcation	Municipality:	
	0		
Constitution of Ownership:*		Proprietorship Firms	
(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 Bank/Branch*
<input type="checkbox"/>	910020038286173	AXIS BANK LTD	CHAKAN	411211013	UTIB0000512

Add Rows Remove

### Select the Branch and Inspection Division

Branch Office :*	BO - Chakan	Inspection Division :*	BHOSARI-I
Proof Of Change:			
Attach Proof Of Change Here:	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/>	

Submit Close