

FORM 5
RETURN OF CONTRIBUTIONS
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 26)

Name of Branch Office : **BO - PUNE**

Employer's Code No. **33000585790001008**

Name and Address of the factory or establishment : **REVA PROCESS TECHNOLOGIES - PLOT NO 3, SR NO 59/60/61/1, BEHIND KIRLOSAR CUMMINS,, KOTHRUD, PUNE.**

Particulars of the Principal employer(s)

(a) Name : **KEDAR CHAUDHARI**

(b) Designation : **Proprietor**

(c) Residential Address: **FLAT NO 4, BLDG NO D-14, GIRIDHAR NAGAR, BANGLORE**

HIGHWAY, WARJE MALWADI, PUNE 411058

Contribution Period from : **Oct 2023 to Mar 2024**

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.

Employees's Share	864.00
Employer's Share	3,738.00
Total Contribution	4,602.00

S.No.	Month	Challan Number	Date of Challan	Amount	Name of the Bank and Branch
1	Oct-2023	03323142906591	11/21/2023	767.00	State Bank of India
2	Nov-2023	03323146688783	12/18/2023	767.00	State Bank of India
3	Dec-2023	03324104016570	2/1/2024	767.00	State Bank of India
4	Jan-2024	03324104016783	2/1/2024	767.00	State Bank of India
5	Feb-2024	03324111608733	3/16/2024	767.00	State Bank of India
6	Mar-2024	03324116032751	4/24/2024	767.00	State Bank of India