



## **EMPLOYEES' STATE INSURANCE CORPORATION**

## SUB REGIONAL OFFICE, BANGALORE NORTH (PEENYA)

'HARINI TOWERS', 3<sup>rd</sup> CROSS, 3<sup>RO</sup> MAIN, Off RING ROAD, (Near F.T.I), II<sup>ND</sup> STAGE, INDUSTRIAL SUBURB, YESHWANTHPUR, BANGALORE – 560 022 Tel. No. 23376821/23376831: Fax No. 080-23376841: E-mail: <u>sro-peenya@esic.nic.in</u>

No. KAR.INSPN.4900-030856-0000599

Dated: 20-04-11

M/s FELSOMAT INDIA PRIVATE LIMITED., No.149A, 3<sup>RD</sup> Cr., Industrial Estate, Ist Stage, Peenya, Bangalore – 58.

Subject: Implementation of the E.S.I. Act, 1948 and Registration of Employees of the Factories and Establishments under Section 2(12)/1(5) of the Act as amended.

Dear Sir/s.

- 1. It is informed that under Section 1(3) of the E.S.I. Act, 1948 the Central Government has vide notification No <u>S.O.4202</u> dated <u>24-11-68</u> made the provisions of the Act applicable to all factories/establishments covered under the Act within the (Area) <u>Bangalore</u>.
- 3. Under Section 2-A of the Act such a factory/establishments is required to register itself under the Act and chapter IV thereof casts a responsibility on the principal employer thereof to insure his employees 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 Insurance Inspector/Branch Office Manager who Inspected your factory/establishment on 06-04-11 your factory/establishment falls within the purview of Section 2(12)/1(5) of the Act with effect from 01-06-10. In case, however, subsequent facts reveal that your factory/establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provision of the Act from such earlier date.
- 5. It is requested to take immediate steps for registration of your employees by submitting Declaration forms, payment of contribution, maintenance of record etc., from the date of coverage of your factory/establishment-under the Act.

- 6. For the sake of convenience your establishment has been allotted code No 4900-030856-0000599 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 Peenya I 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.

  BR. OFFICE ADDRESS: 92, 6<sup>th</sup> Main Road, Near SBM 3rd Phase PEENYA-58.
- 7. It is requested that publicity may kindly be given to list of Insurance medical practitioners, State Insurance Dispensaries to enable your employees to choose their State Insurance Dispensaries/Insurance Medical Practitioner. Required forms etc., may please be collected from the Branch Office mentioned above to which all your employees will also be attached.
- 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 early compliance under the provisions of the ESI Act and Regulations on your part.
- 9. A list of Bank Branches who are authorised to accept ESI contributions is enclosed. You may choose one of the Branches convenient to you, under intimation to this office and to the concerned branch of the State Bank of India and deposit the ESI dues in that branch only. In case no intimation is received within 15 days of the receipt of this letter, the amount of contribution deposited in one of the specified branch would be considered as "Nominated Branch" for your factory/establishment.

SBI ADDRESS: (Ser.Code: 3024) Peenya Industrial Estate Br. B-96, II Cr., Peenya, B'lore-58.

- 10. A brochure/leaflet containing benefits available under the scheme and obligation of the employer etc. is enclosed herewith with request to give wide publicity towards smooth functioning of the scheme.
- 11. Please indicate your Code No. on all correspondences to avoid delay.

Yours faithfully,

(N.ANANDA KUMAR)
DY.DIRECTOR

Encl: As stated above

Copy for information and necessary action to:

- 1. The Manager, Branch Office Peerrya 1
- 2. EDP Centre
- 3. The Insurance Inspector <u>Peenya I</u> Division
  Name of the Principal Employer: Sri K.P.Chander, Managing Director
  No. of Employees: 18

Factory Licence No. if any:

4. C-6 Branch 5....

(N.ANANDA KUMAR) DY.DIRECTOR