

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

Name of Branch Office : **BO - Faridabad, Sector -23**

Employer's Code No. **13000183850000699**

Name and Address of the factory or establishment : **DROPCO MULTILUB SYSTEMS PVT. LTD. - PLOT NO.-152, SECTOR-58, BEHIND JCB INDIA LTD., FARIDABAD - 121 004.**

Particulars of the Principal employer(s)

(a) Name : **J.L. Gulati**

(b) Designation :-----

(c) Residential Address:-----

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 | 13144.00 |
| Employer's Share | 56801.00 |
| Total Contribution | 69945.00 |

| S.No. | Month | Challan Number | Date of Challan | Amount | Name of the Bank and Branch |
|-------|----------|----------------|-----------------|----------|-----------------------------|
| 1 | Oct-2023 | 01323140552459 | 11/16/2023 | 11194.00 | State Bank of India |
| 2 | Nov-2023 | 01323144709503 | 12/22/2023 | 11099.00 | State Bank of India |
| 3 | Dec-2023 | 01324102909656 | 1/15/2024 | 11883.00 | State Bank of India |
| 4 | Jan-2024 | 01324107202523 | 2/20/2024 | 11761.00 | State Bank of India |
| 5 | Feb-2024 | 01324111126657 | 3/19/2024 | 12129.00 | State Bank of India |
| 6 | Mar-2024 | 01324115761432 | 5/2/2024 | 11879.00 | State Bank of India |

Place:

Total amount paid: 69945.00

Date:

Signature and Designation of the Employer
(with Rubber Stamp)

Important Instructions : Information to be given in 'Remarks Column (No. 9)

(i) If any I.P. is appointed for the first time and / or leaves during the contribution period indicate

"A_____ (date)" and /or "L_____ (date)"

(ii) Please indicate Insurance Nos. in ascending order.

(iii) Figures in Columns 4,5 & 6 shall be in respect of wage periods ended during the contribution period.

(iv) Invariably strike totals of Columns 4, 5 and 6 of the Return.

For *CP ending 31st March, due date is 12th May

For CP ending 30th September, due date is 11th November

EMPLOYEES' STATE INSURANCE CORPORATION

Employer's Name and Address **DROPKO MULTILUB SYSTEMS PVT. LTD. - PLOT NO.-152, SECTOR-58, BEHIND JCB INDIA LTD.,**

FARIDABAD - 121 004,

Employer's Code No period from **Oct 2023** to **Mar 2024**

| Sl.No. | Insurance Number | Name of Insured Person | No. of days for which wages paid | Total amount of wages paid (Rs.) | Employee's contribution deducted | Average Daily Wages(Rs.) | Whether still continues working | Remarks |
|--------|------------------|------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------|---------------------------------|---------|
| 1 | 1309505853 | AMIT KUMAR | 181 | 126000.00 | 948.00 | 697.00 | Y | |
| 2 | 1310064466 | RAKESH KUMAR | 169 | 110784.00 | 833.00 | 656.00 | Y | |
| 3 | 1310064482 | RAM SINGH | 183 | 84000.00 | 630.00 | 460.00 | Y | |
| 4 | 1313232098 | BALBIR SINGH | 165 | 111819.00 | 842.00 | 678.00 | Y | |
| 5 | 1313638069 | RAJU KASHYAP | 181 | 110787.00 | 833.00 | 613.00 | Y | |
| 6 | 1314131131 | HARI SINGH | 177 | 121920.00 | 916.00 | 689.00 | Y | |
| 7 | 1314489263 | Mansingh | 162 | 116969.00 | 880.00 | 723.00 | Y | |
| 8 | 1320255567 | MRS. KOMAL GARG | 182 | 86298.00 | 649.00 | 475.00 | Y | |

| | | | | | | | |
|----|------------|----------------|-----|-----------|--------|--------|---|
| 9 | 1320625691 | JANAK VIRMANI | 183 | 64648.00 | 486.00 | 354.00 | N |
| 10 | 1321251784 | NAND KISHOR | 178 | 121451.00 | 915.00 | 683.00 | Y |
| 11 | 1321606342 | AMARJEET | 182 | 98468.00 | 740.00 | 542.00 | Y |
| 12 | 1322286225 | KAVITA | 0 | 0.00 | 0.00 | | N |
| 13 | 1323175217 | KASHTU BADHWAR | 173 | 90555.00 | 681.00 | 524.00 | Y |
| 14 | 1323185714 | DEEPAK SOLANKI | 110 | 50129.00 | 377.00 | 456.00 | N |
| 15 | 1323621371 | PAWAN KUMAR | 86 | 38830.00 | 293.00 | 452.00 | N |
| 16 | 1323870149 | ROHIT | 27 | 15552.00 | 118.00 | 576.00 | Y |
| 17 | 1323933412 | VINOD | 136 | 80069.00 | 602.00 | 589.00 | Y |
| 18 | 1324164736 | CHHOTE LAL | 71 | 49807.00 | 375.00 | 702.00 | Y |
| 19 | 1324470754 | ROHIT KUMAR | 180 | 118043.00 | 886.00 | 656.00 | Y |
| 20 | 1325959827 | ARTI | 183 | 84000.00 | 630.00 | 460.00 | Y |
| 21 | 1326685177 | RAVI KUMAR | 183 | 67500.00 | 510.00 | 369.00 | Y |

*Date of appointment and leaving the job may be given in remarks column.

Signature of the Employer

(FOR OFFICIAL USE)

1. Entitlement position marked.
2. Total of Col. 5 of Return checked and Found correct/correct amount is indicated
3. Checked the amount of Employer's/Employee's contribution paid which is in order / observation memo enclosed.

Countersignature_____

U.D.C.

Head Clerk

Branch Officer

-- End of Report ---