



SUB REGIONAL OFFICE, VADODARA
EMPLOYEES' STATE INSURANCE CORPORATION

(ISO 9001 : 2000 Certified Organization)

PANCHDEEP BHAWAN, URMI SOCIETY,
 PRODUCTIVITY ROAD, ALKAPURI,
 VADODARA – 390007 (GUJARAT)

Phone No. – 0265-2324442-43, Fax No. – 0265-2324446

Web Site : www.esicvadodara.org ; E-mail dir-vadodara@esic.nic.in



No. : 38.000281770001001

Date : 13/06/2011.

To
 VBC Services,
 F-1, 1st Floor, National Plaza,
 Near Bus Stand,
 HALOL (PMS)
 389350

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

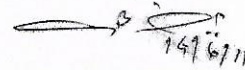
Dear Sir/s

1. It is informed that under Section 1 (3) of the E. S. I. Act, 1948 the Central Government has vide notification No. ----- dated ----- made the provisions of the Act applicable to all factories / establishments covered under the Act within the (Area) **Halol, Panchmahal.**
2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishment under Section 1 (5) of the Act with effect from ----- (vide notification No. ---- dated ----).
3. Under Section 2 – A of the Act such a factory / establishment 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 **10/05/2011** Your factory/establishment falls within the purview of Section 1(5) of the Act with effect from **01/04/2011** 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. **38.00.02817700001001** which, may kindly be used in all communications sent to **Branch Manager, Branch Office Halol** of the Corporation situated at **Near Hotel Yuvraj Halol Panchmahal** 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 under necessary help in the matter.
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. Requested forms etc. may please be collected from the Branch Office mentioned above to which at 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 Regulation on your part.

9. A list of Branches who are authorized to accept ESI contributions is enclosed. You may choose any of the Branches convenient to you under intimation to this office and to the concerned 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 any of the specified branch would be considered as "Nominated Branch" for your contribution.
10. A brochure containing benefits available under the scheme and obligation of the employer etc. is enclosed herewith to give publicity towards smooth functioning of the scheme.
11. Please mention your Code No. on all correspondences to avoid delay.

Enclosure: 1. Brochure.

Yours faithfully,



(BIHARI RAM)
DEPUTY DIRECTOR

Copy of this letter for information and necessary action to :

1. The Regional Office, Halol (360) Employee(s).
2. 103 Regional Office, Halol.
3. The Regional Office, Halol.
4. The Regional Office, Halol.
5. Inspector (Finance). D.D.No of Rs5,42,812/- D.D.No 002689 HDFC Bank.
6. O.C.

DEPUTY DIRECTOR