

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

Name of Branch Office : **DCBO - WALUJ**

Employer's Code No. **25000071340000699**

Name and Address of the factory or establishment : **BUSH ELECTROMECH AND ENGINEERING PVT LTD - PLOT NO K 257 MIDC WALUJ AURANGABAD, ,**

Particulars of the Principal employer(s)

(a) Name : **SANTOSH DEVRAO BHOYAR**

(b) Designation : **Managing Director**

(c) Residential Address: **AS ABOVE**

Contribution Period from : **Apr 2022 to Sep 2022**

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	9,165.00
Employer's Share	39,593.00
Total Contribution	48,758.00

S.No.	Month	Challan Number	Date of Challan	Amount	Name of the Bank and Branch
1	Apr-2022	02522116998111	5/12/2022	6636.00	State Bank of India
2	May-2022	02522119825023	6/9/2022	6082.00	State Bank of India
3	Jun-2022	02522125402245	7/15/2022	5025.00	State Bank of India
4	jul-2022	02522127634660	8/10/2022	10092.00	State Bank of India
5	Aug-2022	02522131318697	9/11/2022	10619.00	State Bank of India
6	Sep-2022	02522135356615	10/11/2022	10304.00	State Bank of India

Place:

Total amount paid: 48758.00

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 **BUSH ELECTROMECH AND ENGINEERING PVT LTD - PLOT NO K 257 MIDC WALUJ AURANGABAD, ,**

Employer's Code No period from **Apr 2022** to **Sep 2022**

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	2502483102	DILIP GATLU BAGALE	181	131,239.00	987.00	726.00	Y	
2	2502846010	PRASAD KULKARNI	117	61,367.00	461.00	525.00	N	
3	2503054077	KIRAN CHAUDHARI	159	115,496.00	869.00	727.00	Y	
4	2503072726	BALU ROKADE	183	150,159.00	1,130.00	821.00	Y	
5	2503098496	DNYANOBA GANESHRAO CHAPKE	182	144,762.00	1,089.00	796.00	Y	
6	2503588969	NILESH NAVANATH GAJAKOSH	30	16,250.00	122.00	542.00	N	
7	2504236905	YASHASHRI SANDEEP MUKHEDKAR	22	9,827.00	74.00	447.00	N	
8	2504238350	YASH VIJAY DUSANE	25	12,500.00	94.00	500.00	N	

9	2504272847	VIPUL HARISH UMRAJKAR	182	94,468.00	710.00	520.00	N
10	2504290462	JOYDEV DAS	46	20,837.00	158.00	453.00	N
11	2504294564	MALAY MAJHI	138	71,468.00	538.00	518.00	N
12	2504297014	BHUSHAN BAPU WADILE	162	94,633.00	712.00	585.00	Y
13	2504308258	KALPESH SURESH CHAUDHARI	92	48,000.00	360.00	522.00	Y
14	2504395604	MOHIT SANJAY DHANDE	82	43,773.00	329.00	534.00	Y
15	2504395605	VIJAY PRABHAKAR WAHATULE	88	49,935.00	376.00	568.00	Y
16	2504395606	RAMANAND SANJAY BIRADAR	90	44,500.00	335.00	495.00	N
17	2504395607	RAJDHAN SINGHA	12	7,742.00	59.00	646.00	N
18	2504396034	BANSODE NARAYAN UTTAM	84	47,784.00	360.00	569.00	Y
19	2504399239	LAXMIKANT CHANDRASHEKHAR JOGI	91	53,417.00	402.00	587.00	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 ---