

**SUB REGIONAL OFFICE
EMPLOYEES STATE INSURANCE CORPORATION
P-16, S. I. HOSPITAL COMPLEX, NAREGAON RD.
CHIKALTHANA, AURANGABAD - 431 210**

Tel.No. 2483144

Date : 05.10.2005

No.: 25-1689-66 ²⁵⁹

M/s. **Expert NetCAD Solutions P.Ltd.,**
Gala No. 16 to 18,
Software Technology Park of India,
MIDC, Chikalthana, Aurangabad-03

Sub: Implementation of the E.S.I. Act, 1948, (as amended) - Registration of factories / establishments coverable under the Act.

Sir,

1. I have to inform you that U/s 1 (3) of the ESI Act the Central Govt. vide Notification No.

S-38013/35/74-HI dated **22.01.1976**

has made the provisions of the Act applicable to all the factories coverable U/s 2(12) of the Act, within the area specified in the Notification w.e.f. **01.10.2004**

2. I have further to inform you that the appropriate Govt. has extended the provisions of the Act, to other establishments u/s 1 (5) of the Act w.e.f. _____ vide

Notification No. _____ Dated _____

3. Under Section 2-A of the Act such Factory or Establishment to which the Act is applicable is required to register itself under the Act, and Chapter IV thereof casts a responsibility on the principal employer thereof to insure its employees and to pay contribution in respect of such employees covered under the Act.

4. On the basis of :-

a. the particulars in respect of your **Unit** submitted by you in Form 0-1 dated **21.09.2005**

b. the report of inspection of your _____ conducted by the Ins. Inspector on _____

your establishment falls within the purview of Sec. **2(12)(a)** of the ESI Act, 1948 w.e.f. **01.10.2004 (Provisionally)**

In case, however, subsequent facts reveal that your establishment was coverable from date prior to the date mentioned above, you shall be liable to comply with the provisions of the Act from such earlier date.

5. You are requested to take immediate steps for :-

i. Registration of your employees (whose wages excluding remuneration for overtime are Rs.7,500/-) or below per month) under the Act by filling in and submitting Declaration Forms alongwith the photographs of employees and their family members within 10 days of the receipt of this letter to Branch Office **Chikalthana Aurangabad**

ii. Payment of contribution and submission of Returns.

iii. Maintenance of all the relevant records as per the provisions of the Act and the Regulations framed thereunder, from the date of coverage of your establishment under the Act.

6. For the sake of convenience, your establishment has been allotted the Code No. **25-1689-66** which may be used in all communications sent to this office and all forms at the places indicated for the purpose.

7. You are attached to Branch Office, **Aurangabad** of the Corporation situated at **P-16, ESIS Hospital Complex, Naregaon Road, Chikalthana, Aurangabad.**

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8. The Branch Office Manager has been instructed to render necessary assistance to you in connection with the registration of your employees etc. 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.
9. Correspondence with this office in future may please addressed to the Joint Director (Ins. Br.), ESI Corporation, P-16, E.S.I.Hospital Complex, Naregaon Road, Chikalhana, Aurangabad - 10.
10. The Branches of State Bank of India, as specified in the list enclosed are authorized to receive the payment of contributions and other dues payable, in any of the branches specified in the list, through challans, which will be available free of cost with the Branch Office Manager.
11. It is requested that publicity may kindly be given to enable your employees to choose their doctor / ESI dispensary, and the required forms may please be collected from the above Branch Office to which your employees will also be attached. To facilitate this, a list of area-wise IMPs/ Dispensaries of Chikalhana is also enclosed.
12. You are further informed that although your establishment has become amenable to the provisions of the ESI Act, w.e.f. _____, you have failed to submit the Employer's Registration Form in Form 01 as per the requirements of the provisions of Regulation 10(B) of the E.S.I. (General) Regulations, 1950, Within 15 days from the date on which the Act became applicable to your establishment. However, you are being given another opportunity to submit the Employer's Registration Form in Form 01 (enclosed) within 15 days of the date of receipt of this letter failing which you will render yourself liable for prosecution u/s 85 (g) of the Act, for contravening the provisions of Regulation 10-B of the ESI (General) Regulations, 1950.
13. Rule 51 of the ESI (Central) Rules, 1950 has been amended w. e. f. 01.10.04 which provides for rounding both the employer's contribution and employees' contribution to the next higher rupee in respect of each employee. You are, therefore, requested to pay monthly contribution as per the amended provisions of Rule 51.
14. Regulation 10-C has been inserted in the ESI (General) Regulations, 1950, w.e.f. 01.01.2005 which provides that the employer in respect of a factory or establishment to which this Act applies shall furnish to the appropriate Regional / Sub Regional / Divisional Office by 31st of January every year, a return in form 01-A. You are requested to submit the said return in form 01-A is enclosed. You are requested to submit the said return in form 01-A every year so as to reach this office before 31st January of each year. A copy of form 01-A in enclosed. You are requested to submit the said return for the current year to this office immediately.
15. The Corporation officials would be pleased to render all necessary and possible assistance to you in discharging your duties and obligations under the E.S.I. Act, 1948. and I am confident of prompt and timely compliance with the provisions of the Act and the Regulations on your part. **Further, you are requested to submit the Electricity Bill for 10.04 to this office.**

Yours faithfully,

(R.S.RAO)
JOINT DIRECTOR

Encl : As above.

Copy to : The Manager, Branch Office, _____ for information and necessary action. He is advised to watch the submission of Declaration Forms by the employer and ensure early registration. He is also advised to submit report thereon every fortnight. The No. of employees initially coverable is _____

The EDP Cell / Inspection Control Br/ Ins. Inspector, _____
for information and further and further necessary action.