



Sub-Regional Office

EMPLOYEES' STATE INSURANCE CORPORATION

Panchdeep Bhavan, Site No.689/690, Bibewadi,Pune-411037

To

Date : 28/2/2017

**M/S. SUPER FACILITY SERVICES**

TALEGAON DABHADE

Pune  
Maharashtra

Sub: Coverage of Branch / Sales Office of covered factory / establishment / employees posted in such branches / places situated in Pune - Sub-Regional Office under ESI Act, 1948 - reg

Dear Sir,

I have to inform you that on the basis of the information furnished by you, your factory / Branch Office/ Sales Office at above mentioned address and the employees working in your office at TALEGAON DABHADE ,Pune,Maharashtra are covered under the Employee's State Insurance Act,1948 (as amended) with effect from 01/02/2017 or from the date of inception of your Branch Office / Sales Office whichever is earlier.You are therefore requested to comply with the various provisions of the said Act and arrange for registration of all the employees and payment of contributions in respect of them.

1. Consequent to the Repeal of Chapter V-A Employees special contribution is not payable from 1-7-3 instead, Contribution(Both Employees Contribution and Employers Contribution) as shown in Schedule-I of the Employee's State Insurance Act is payable,which may please be noted for compliance.
2. The payment of Employees Contribution at the rate as prescribed in Rule 51 of the Employees State Insurance Act is required to be made with in the limits prescribed under Regulation 31 of the ESI(General)Regulation, 1950.
3. Your Unit has been allotted sub code No. **33330494630011001** which may kindly be used in all communications sent to this Office.This Code Number may be indicated in all Forms and Returns to be submitted to this Office.The Code Number has been allotted on the basis of information furnished by you.
4. The Branch Office/Local Office of the Corporation situated at BO - LONAVALA ,Near Parmar Hospital,Mahatma Gandhi Road Lonavala-410401, Maharashtra has been instructed to render the necessary assistance to you in connection with the compliance of employees.

The Corporation officials would be glad to render all necessary assistance to you in discharging your obligations under the E.S.I.Act. 1948 and I am sure of I am prompt and timely compliance on your part.

Yours faithfully,  
Assistant/Deputy Director

Copy for information and necessary action to:

1. SUPER FACILITY SERVICES  
SHOP NO.45, SHANTAI CITY CENTER  
TALEGAON DABHADE
2. BO - LONAVALA,Near Parmar Hospital,Mahatma Gandhi Road Lonavala-410401,Maharashtra
3. The Additional Commissioner