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SUB REGIONAL OFFICE EMPLOYEES' STATE INSURANCE CORPORATION "PANCHDEEP" BHAWAN: 689/690, BIBWEWADI, PUNE-411037

Phone: 020-2421 1138,1139,9255 Fax: 020-24215153Email: sroesipn@vsni.net

NO.MHR/SRO/INS-I/33-11082-24 BIG

DATE: - 09/07/08

To, M/s BVG India Ltd. BVG House, Premier Plaza, Pune-Mumbai Road, Chinchwad, Pune-411019.

> Sub: - Change of Title of Establishment. Code No. 33-11082-24 Big.

Sir.

With reference to your letter No. BVG/ESIC/956 dt 30/06/2008, it is informed that this office has noted the change in the name of your company from M/s Bharat Vikas Utility Services to BVG India Ltd as per the fresh certificate of incorporation dtd. 07/07/2004 issued by the Assistant Registrar of companies, Pune.

Resolution champal

1. Inspection Control Branch, S.R.O. Pune.

2. EDP Cell, S.R.O. Pune

(Mathews Mathew)

Dy. Director

Pune a

O. Pune

राजाशेखर सिंह/Raishekhar Singh सहा. निर्देशक / Asstr. Director सहा. निर्देशक / Asstr. Director -XPP - 2/95 Form C-11

REGISTERED A.D.



Act with effect from _

the provision of the Act from such earlier date,

SUB REGIONAL OFFICE PUNE EMPLOYEES' STATE INSURANCE CORPORATION

PANCHDEEP BHAVAN SURVEY NO. 689 -690 BIBVEWADI

PUNE - 411 037 21/12/24 Date: To वराळवा झे, चिंपरी, प्णे-४११ ०१८. Sub:- Implementation of the S.S.I. Act, 1948 as amended Registrate Linguistrate establishment. coverable under the Act. Dear Sir. I have to inform you that under Section 1(3) of the Employees' State Insurance Act the Central Government has vide Notification No. ___ made the provisions of the Act applicable to all factories coverable under the provisions of Section 2(12) (a) (b) of the Act, within the area, specified in the notification. I have further, to inform you that the appropriate Government has extended the provisions of the Act to other establishments under Section 1(5) of the Act with effect from.___ dated -Notification No._ Thave to further inform you, that by virtue of proviso to Section 1(5) of the Act, the provisions of which have been brought into force w.e.f. 16-5-90 vide Notification No.___ the provision of the Act, shall stand extended to all the establishments or class of establishments in all the class in the state since the provisions of the Act have already been brought into the force to such class of establishments in some of the parts of the state vide Notification No. Under Section 2-A of the Act; such factory establishment to which the Act is applicable is required to register itself under the Act and Chapter IV thereof casts a responsibility on the employer thereof to insure its. employees under the Act, and to pay contribution in respect of the employees coverable under the Act. On the basis of the particulars in respect of your factory/establishments submitted by you/the report of the inspection conducted by the Insurance Inspector of your factory/establishment on 26984 the speaking order issued by the foun Regional Director On ____ factory/establishment falls within the perview of Section 2(12) (a) (b) / Notification No. ___ issued by the appropratio Governmer Section 1(5) of the Employee's State Insurance Dated_ (Prov) In case, however, subsequent facts reveal that your 25/1/2000

factory/establishment is coverable for the period prior to the date mentioned above, you shall be liable to comply with

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Your are requested to take immediate steps for making compliance under the Act, by:

- Registration of all the coverable employees under the Act, by filling in and submitting
 Declaration Forms.
- Payment of contribution and submission of Returns.
- 3. Maintenance of all the relevent records, as per the provisions of the Act and the Regulations framed thereunder from the date of coverage of your factory/establishment under the Act.

For the sake of Convenience, your factory/establishment has been allotted Code No. 33/11082/24 which may be used in all communications sent to this office and all forms at the places indicated for the purpose.

The Local 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 for any other purpose which may be necessary in connection with the scheme, you are erequested to contact the Manager of the abvoe Local Office who will render necessary assistance in the matter. You are also requested to contact Local Office Manager to collect the Forms required for the purpose of compliance under the Act.

The Branches of the State Bank of India, as specified in the list enclosed are authorised to receive the payment of contributions and other dues payable in any of the Branches specified in the list, through the challans, which will be available free of cost with the Local Office Manager.

The Corporation Officials would be pleased to render all necessary and possible assistance to you in discharging your duties and obligations under the ESI Act, 1948, and I am confident of prompt and timely compliance at the provisions of the ESI Act and Regulations on your part.

You are further informed that inspite of the fact that your factory/establishment has become amenable to the provisions of Employees' State Insurance Act w.e.f. (prov.), you have failed to submit the Employee's Registration Form in Form 0-1 as per the requirement of provisions of Regulation 10(B) (a) of E.S.I. General Regulations 1950, within 15 days from the date on which the Act became applicable to your factory/ establishment. However, you are being given another opportunity to furnish the Employer's Registration Form in Form 0-1 within 15 days from the date of receipt of this letter failing which you will render yourself liable for prosecution under Section 85 (g) of the E. S.I. Act for contrevantion of the provisions of Regulation 10 (B) (a) of

E. S. I. General Regulations, 1950.

THE COPY

श्रीमती देवी थोरात विशेष कार्यकारी अधिकारी खराळवाडी, पिंवरी, पुणे-४११ ०१८.

Yours faithfully,

& Nazear-Ahmed

Pune

ASSTT: REGIONAL DIRECTOR