



उप-क्षेत्रीय कार्यालय, SUB REGIONAL OFFICE

कर्मचारी राज्य बीमा निगम, E.S.I. CORPORATION

पी-16, कर्मचारी राज्य बीमा संकुल, IIInd Floor, ESIC Hospital Building, P-16,
नारेगाव रोड, एम.आय.डी.सी. चिकलठाणा, Naregaon Road, MIDC Chikalhana,

औरंगाबाद - Aurangabad - (M.S.) ☎ : 0240 - 248 3144, 248 5949

Email id : esicsroaurangabad@yahoo.co.in

No. : 25/G-32/ABD/IT/09/ 25 2417-101

Date : 07/12/09

To,
M/s Shree Ram Enterprises

Rx-014/09 Mybol Hig Society

Bajajnagar MISE, Waluj, Aurangabad

SUBJECT : ESIC's IT enablement Project Panchdeep - Intimation regarding change of Employer's Code No. and collection of fresh Declaration forms.

Sir,

Consequent upon the approval of IT roll out plan by the Employees' State Insurance Corporation and instructions issued by the ESIC, Hqrs Office, it has been decided to change your existing code no. to :-

2	5	0	0	0	0	2	4	1	7	0	0	0	1	0	0	1
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You are, therefore, requested to note the change of Code No. and quote new 17 digit Code No. in all correspondence, remittances and submission of returns etc. in future.

Further under Module-Pehchan, relating to preparation of two identity cards, one for IP and another to family members, it is further decided by ESIC, Head Quarters Office to collect fresh Declaration forms of all the existing Insured person / Insured women for capturing the data in electronic form. For this purpose our officials shall be visiting your premises with blank D.Fs. to obtain fresh Declaration forms for each IP / IW so as to facilitate entry of demographic data into computer in the prescribed format and also to prepare identity cards.

You are requested to fill up all columns neatly either in English or Hindi in the fresh Declaration forms provided by us and ensure to obtain IP / IW's signature / thumb impression duly signed and stamped by the authorised officer at appropriate place. Filled in / completed Declaration forms should be returned to the Branch Office / Our official within 7 days. It is further informed that after collection of fresh D.Fs, we will be setting up camps for taking photo of insured persons and their family members. The date and venue of such camps shall be intimated in due course and you are requested to start educating your employees about ensuring photo session.

Your kind cooperation in this regard shall be highly appreciated.

Encl. :- 250 D.Fs.

Pl. fill in Black Ink &
Capital letters

Yours faithfully,

(Signature)
For JOINT DIRECTOR

(Signature)
3530 Waluj



BY REGD.A.D
FORM C-11

कर्मचारी राज्य बीमा निगम, E. S. I. CORPORATION
पी-१६ कर्मचारी राज्य बीमा संकुल, IInd Floor, ESIS Hospital Building, P-16,
औरंगाबाद- 431 210 Aurangabad - (M.S.) ☒ - 0240-248 3144, 248 5949, 6452516.

NO.: SRO/ABD/25-2417-101/COV./

09/03/09

DATE: 25/03/2009

25000024170001001
M/S. SHREE RAM ENTERPRISES,
RX-14, MAYBOLI HOUSING SOCIETY,
BAJAJ NAGAR, WALUJ - 431 136,
DIST - AURANGABAD.

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/s1 (3) of the ESI Act the Central Govt. vide Notification No. **S-38013/72/2004-SS-I** dated **28/9/04** has made the provisions of the Act applicable to all the factories coverable U/s 1(5) of the Act, within the area specified in the Notification **w.e.f. 01/10/2004**.
2. Under Section 2-A of the Act such 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.
- 3 On the basis of: -
 - a) The particulars in report of your **Establishment** submitted by you in Form-01 dated **09/03/2009** your **Establishment** falls within the purview of Sec. **1(5)** of the ESI Act, 1948 **w.e.f. 01/02/2009 (Provisionally)**.

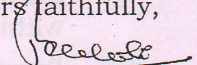
In case, however, subsequent facts reveal that your **establishment** was coverable from date prior to the date mentioned above, you shall be liable to comply with the provisions of the Act from such earlier date.

4. You are requested to take immediate steps for: -
 - i. Registration of your employees (whose wages excluding remuneration for overtime are Rs.10,000/- or below per month w.e.f. 01.10.2006 onwards) 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.
 - 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 there under, from the date of coverage of your **establishment** under the Act.
5. For the sake of convenience, your **Establishment** has been allotted the Code No.: **25-2417-101** 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 of the Corporation situated at **Plot No. X-25, Near Saraswat Bank, MIDC Area, Waluj.**

6. 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.
8. 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, Chikalthana, Aurangabad - 10.
9. 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.
10. 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 Waluj & Aurangabad is also enclosed.
11. 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.
12. 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.
13. 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.

Encl: As above.

Yours faithfully,


(B. RAMAKOTI)

JOINT DIRECTOR I/C.

Copy to:-

1. The Manager, Branch Office, **Waluj** 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 **21** & we are enclosed herewith Declaration Forms of **21** No. of employees.
2. The EDP Cell (C-6 Posting Cell) **3.** Inspection Control Br.
4. Ins. Inspector Waluj for information and further necessary action.

JOINT DIRECTOR I/C.