SUB REGIONAL OFFICE

Employees' State Insurance Corporation Form C-11

PanchdeepBhavan, Opp.Goverdhan Nathaji's Haveli Irmi Society Productivity Road, BARODA. PIN-390 007. 31/5/05

No:-38-23477-10!

To.

Date:-27.5.05

M/s.Shil Trade Pvt.Ltd.. 613, Yash-Kamal Building Sayajiganj, BARODA.

Sub:-Implementation of the E.S.I.Agt.1948 Registration of Employees' and Factories/I stablishment under section 1(5) of the ESI Act,1948 as amended.

Dear Sir.

1) I have to inform that under Section 1(3) of the ESI Act the Central Government/has vide notification No 5/38012/6/89/SSI dated 20.10.89 made the provisions of the Act applicable to all Factories/ Establishments covered under the Act within (acres)

2) Thave further to inform you that the appropriate Government has extended the provisions of the Act to other establishments under Section 1(5) of the ESI Act with effect from——vide Notification No. GP/

3) Under Section 2-A of the Act such a Factory/Establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the Principal employer thereof to insurer its employees and to pay contributions in respect of such employees covered under the Act.

4) On the basis of the particulars in respect of your Factory/Estt. submitted by you in Form01 the report of the inspection conducted by the Insurance Inspector/ Local Office Manager, your factory/ Establishment on 24.5.05 your factory/Establishment falls within the purview of Section 1(5) of the Act w.e.f. 1.4.05 Provisionally. In case, subsequent facts reveal that your factory/ establishment was coverable from a 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 registration of your employees, filling in Declaration Forms and payment of contributions maintenance of records etc. from the date of coverage of your factory/c hiblishment under the Act.

6) For the sake of convenience, your factory/establishment has been allotted Code No.38-23 177-101 which may kindly be used in all communications sent to this office and in all forms at the places indicated for the purpose. The Local Office of the Corporation situated at Savaiigani has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with Scheme, you are requested to contact the Manager of above Local Office who will render necessary help in the matter.

7) It is requested that publicity may kindly be given to lists of Insurance Medical Practitioners/State Insurance Dispensaries, in your factory/establishment to enable your employees to choose their State Insurance Dispensaries/Insurance Medical Practitioner. Required forms etc. may please be collected from the Local Office mentioned above to which all your employees will also be attached.

8) A list of Bank branches who are authorized to accept E.S.I. contributions is given on over leaf. You may kindly choose one of these branches convenient to you under intimation to this office and to the concerned branch of the State Bank of India and deposited the ESI dues in that branch only. In case no intimation is received within 15 days of this letter the amount of contribution deposited in one of the specified branch would be considered as Nominated Branch for your Factory/Establishment.

8-A). Principal employer are not absolved of their liability under Section 40(1) and 41 of ESI Act in respect of employees engaged through contractor with or without ESI Code No.

The Corporation officials would be pleased to render all necessary and possible assistance to you in discharging your doties and obligations under the ESI Act, 1948 and I am Confident of prompt and timely compliance with the provisions of the ESI Act and regulations on your part.

You are also requested to submit the enclosed form duly completed in all respect

List of partners Diverse Marring Director along with their residential address may be 11) submitted.

Please submit copy of wages register, telephone bill etc. 12)

Yours faith

Encl: As above.

Copy to:-

1) Insurance Inspector, SRO Vadodara. He glay please inspect the Div. factory/establishment and intimate the final date of coverage within 3 months and also verify the past compliance position.

2) Branch Manager, Br. Office Savajiganj (21)

3)Cont.Seat

4) E.C. Branch

5) C-6 Seat

6) P.P.Commissioner (Enforcement Section), Nr. Ward Office, Productivity Road, Akota, Barlida

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7) P.F. Commissioner, Surat.

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Panchayat Blavan

Sayajigunj.Baroda

Baroda Main Branc

Alkapuri.Baroda

Baroda I.E.

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JOING DIRECTOR

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0313

List of Authorised Branches of State Bank of India (Ref.Para 8 or Form C-11) Code No. Name of Branch Code No.of Sr.N Name of Branch Sr.No. the branch thebranch 0. 1456 18 Makarpura 5590 Ankleshwar I.E. 2676 19 O.N.G.C 0315 Ankleshwar 7442 Urmi Society 20 0339 Bharuch 1107 Raopura 21 7449 GNFC Complex Chavai 2659 Karelibaug 22 8278 Muktinagar, Bharuch 4917 Chhani 23 9164 Pritamnagar, Bharnel 6 3525 Maneja 0344 24 Cambay 7 4670 Cantonment 25 0375 Godhara 8 106-1 Lalbaug 26 0378 Halol 9 1333 27 Atiadara 0277 Kalol (P.M.) 10 5589 Navjivan Housing 0431 28

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Dandia Bazar

Commercial Br.

New Sama Road

Harni Road

IPCL Bajwa

Anand

OR SHILL

AUTHORISED SIGNATORY