

FORM 5
RETURN OF CONTRIBUTIONS
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 26)

Name of Branch Office : **BO - AKURDI**

Employer's Code No. **33000587950000699**

Name and Address of the factory or establishment : **MS KAMLESH ENTERPRISES - 10/2 BLOCK NO-D KARAN APARTMENT, INDRAYANI VIDAYMANDIR COLONY, TALEGOAN DABHADE**

Particulars of the Principal employer(s)

(a) Name : **Dilip Gangaram Gaikwad**

(b) Designation : **Proprietor**

(c) Residential Address: **TALEGOAN**

Contribution Period from : **Apr 2017 to Sep 2017**

I furnish below the details of the Employer's and Employee's share of contribution in respect of the under mentioned insured persons. I hereby declare that the return includes each and every employee, employed directly or through an immediate employer or in connection with the work of the factory / establishment or any work.....connected with the administration of the factory / establishment or purchase of raw materials, sale or distribution of finished products etc. to whom the ESI Act, 1948 applies, in the contribution period to which this return relates and that the contributions in respect of employer's and employee's share have been correctly paid in accordance with the provisions of the Act and Regulations.

Employees's Share	962.00
Employer's Share	2,600.00
Total Contribution	3,562.00

S.No.	Month	Challan Number	Date of Challan	Amount	Name of the Bank and Branch
1	Sep-2017	03317130235169	10/31/2017	3562.00	State Bank of India

Place:

Total amount paid: 3562.00

Date:

Signature and Designation of the Employer
(with Rubber Stamp)

Important Instructions : Information to be given in 'Remarks Column (No. 9)

(i) If any I.P. is appointed for the first time and / or leaves during the contribution period indicate

"A_____ (date)" and /or "L_____ (date)"

(ii) Please indicate Insurance Nos. in ascending order.

(iii) Figures in Columns 4,5 & 6 shall be in respect of wage periods ended during the contribution period.

(iv) Invariably strike totals of Columns 4, 5 and 6 of the Return.

For *CP ending 31st March, due date is 12th May

For CP ending 30th September, due date is 11th November

EMPLOYEES' STATE INSURANCE CORPORATION

Employer's Name and Address **MS KAMLESH ENTERPRISES - 10/2 BLOCK NO-D KARAN APARTMENT, INDRAYANI VIDAYMANDIR**

COLONY, TALEGOAN DABHADE

Employer's Code No period from **Apr 2017** to **Sep 2017**

Sl.No.	Insurance Number	Name of Insured Person	No. of days for which wages paid	Total amount of wages paid (Rs.)	Employee's contribution deducted	Average Daily Wages(Rs.)	Whether still continues working	Remarks
1	3308928168	DILIP GANGARAM GAIKWAD	26	6,240.00	110.00	240.00	Y	
2	3308928184	OEDUNBAR BHAGAVAT DOGARE	0	0.00	0.00		N	
3	3308928198	SIDHESHWAR GORADE	0	0.00	0.00		N	
4	3308928214	TAJUDDIN ALLABAKSHA PATHAN	27	6,480.00	114.00	240.00	N	
5	3308928221	RAMESH VYANKAT KAMBALE	21	5,040.00	89.00	240.00	Y	
6	3308928248	BAJARANG RAJARAM JADHAV	0	0.00	0.00		N	
7	3308928259	ASHRUBA DHANJAY THORAT	0	0.00	0.00		N	
8	3308997921	RAMESH MAHANOCHARLAL PUR	23	5,520.00	97.00	240.00	N	

9	3308998213	MOHAN PANDURANG CHAVAN	28	6,720.00	118.00	240.00	Y	
10	3308998224	SACHIN SUNIL GAIKWAD	25	6,000.00	105.00	240.00	Y	
11	3309001006	RAMNATH MAHANO HARLAL SINGH	26	6,240.00	110.00	240.00	Y	
12	3309003367	CHANDRAKANT DHANRAJ SALUNKE	27	6,480.00	114.00	240.00	Y	
13	3309003377	DATTATRYA BHAGWAT DONGRE	25	6,000.00	105.00	240.00	Y	

*Date of appointment and leaving the job may be given in remarks column.

Signature of the Employer

(FOR OFFICIAL USE)

1. Entitlement position marked.
2. Total of Col. 5 of Return checked and Found correct/correct amount is indicated
3. Checked the amount of Employer's/Employee's contribution paid which is in order / observation memo enclosed.

Countersignature_____

U.D.C.

Head Clerk

Branch Officer

-- End of Report ---