

## Employer Initiated Request for Changes in Registered Details - Form-01 C

\* Required Fields

|   |  |  |                         |
|---|--|--|-------------------------|
| ESIC Code Number Of Employer:**   |  | 25000087250001019  |                         |
| Select a Property to Edit:**  |  | -----Please Select-----  |                         |
| Name of the*  | <input type="radio"/> Factory <input checked="" type="radio"/> Establishment | SKILL JOBS SERVICES  |                         |
| Complete Postal Address of Factory / Establishment  |  |  |                         |
| Address :*  | FLAT NO 1/2 BALHALESHWA  | Pin Code:**  | 431136                  |
|   | TQ GANGAPUR  | Phone No.:   | -                       |
|   |  | Mobile No.:  | 91 - 9860307404         |
| State:**  | Maharashtra  | Fax No.:   | -                       |
| District:**   | Aurangabad   | Email:   | ajinathkhedkar@yahoo.in |
| Police Station:**   | Waluj police station   |  |                         |
| <input type="radio"/> Income Tax PAN No. <input checked="" type="radio"/> GIR No                                    | BGKPK1730Q   | Income Tax   |                         |
|   |  | <input type="radio"/> Ward <input type="radio"/> Circle <input type="radio"/> Area |                         |
| Name Of   |  |  |                         |
| <input checked="" type="radio"/> Town <input type="radio"/> Revenue Village   | Aurangabad   | <input type="radio"/> Taluk <input type="radio"/> Tehsil                           | Aurangabad              |
| <input type="radio"/> Hudbast No <input type="radio"/> Revenue Demarcation  |  | Municipality:  |                         |
| Constitution of Ownership:**<br>(Attach copy of memorandum & articles of Association/Partnership Deed/Resolution):  |  | Proprietorship Firms   |                         |
| Name/Address(s) of Present Proprietor/Managing Directors/Managing Partners/Secretary of the Co-operative Society :* |  | <a href="#">Click Here to Enter Details</a>  |                         |

## Details of Bank Account

| Select                   | Account No*     | Name of Bank*          | Name of the Branch*         | MICR Code of the Bank/Branch* | IFSC Code of the Bank/Branch* |
|--------------------------|-----------------|------------------------|-----------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> | 080511001001724 | DEOGIRI NAGARI SAHAKAF | Railways station Aurangabad |                               | DEOB0000006                   |

Add Rows

Remove

## Select the Branch and Inspection Division

|                              |                            |                        |                 |
|------------------------------|----------------------------|------------------------|-----------------|
| Branch Office :*             | BO - AURANGABAD            | Inspection Division :* | IO - AURANGABAD |
| Proof Of Change:             |                            |                        |                 |
| Attach Proof Of Change Here: | Choose File No file chosen | Upload                 |                 |

Submit

Close