

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

Name of Branch Office Employer's Code No.

Name and Address of the factory or establishment :

Particulars of the Principal employer(s)

(a) Name :

(b) Designation :

(c) Residential Address

Contribution Period from to

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

Employer's Share

Total Contribution

Details of Challans : -

Sl.No.	Month	Date of Challan	Amount	Name of the Bank and Branch
1.				
2.				
3.				
4.				
5.				
6.				

Place :

Total amount paid : Rs.

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.
- (v) No overwriting shall be made. Any corrections, if made, should be signed by the employer.
- (vi) Every page of this Return should bear full signature and rubber stamp of the employer.
- (vii) Daily wages in Column 7 of the return shall be calculated by dividing figures in Column 5 by figures in Column 4 to two decimal places.

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

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

EMPLOYEE'S STATE INSURANCE CORPORATION

Employer's Name and Address
Employer's Code No.Period from to

<i>Sl.No.</i>	<i>Insurance Number</i>	<i>Name of Insured Person</i>	<i>No. of days for which wages paid</i>	<i>Total amount of wages paid (Rs.)</i>	<i>Employee's contribution deducted (Rs.)</i>	<i>Average Daily Wages (Rs.)</i>	<i>Whether still continues working</i>	<i>Remarks</i>
1	2	3	4	5	6	7	8	9
Total								

*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