

FORM 6
REGISTER OF EMPLOYEES
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 32)

Contribution Period : From to

Sl. No.	Insurance No.	Name of the Insured Person	*Name of dispensary to which attached	Occupation	Deptt. and shift, if any	If appointed or left service during the contribution period, date of appointment/ leaving service	Month		
							No. of days for which wages paid/payable	Total amount of wages paid/payable	Employees' share of contribution
1	2	3	3(A)	4	5	6	7	8	9
							Total		
								Employers' Share	
								Grand Total	
								Paid on	

Month			Month			Month		
No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)
10	11	12	13	14	15	16	17	18
Total			Total			Total		
	Employers' Share			Employers' Share			Employers' Share	
	Grand Total			Grand Total			Grand Total	
	Paid on			Paid on			Paid on	

Month			Month			Summary			
No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	Total No. of days for which wages paid/payable in Contribution period	Total amount of wages paid/payable in Contribution period (Rs.)	Total Employee's share of Contribution in Contribution period (Rs.)	Daily wage (26÷25) (Rs.)
19	20	21	22	23	24	25	26	27	28
Total			Total						
	Employers' Share			Employers' Share					
	Grand Total			Grand Total					
	Paid on			Paid on					

Note : The figures in Columns 7 to 24 shall be in respect of wage periods ending in a particular calendar month.