Form - A: 1

(Employees and Employer Contribution Form for the month ending on 30^{th} June/ 31^{st} December)

		A	ccount No.			
		N	ame of Project/ contractor			
	1)	Name of the Factory/Institution	:			
	2)	Factory/Institution Email Addre	ess :			
	3)	Factory/Institution Mobile Num	iber :			
	4)	Name of the Owner/Employer	:			
	5)	Nature of Established Factory/I Motor Omni Bus Service, Shop Resident Hotels, Restaurants, R Cinema or Other Places of Publ	s, Business Firms,			
	6)	Address of the Factory/Institution	on :			
7)		Total number of employees region 30 th June/31 st December:				
8)		(i) Employees/Workers Share as per Column # 5@ Rs. 6.00 per Employee/Worker :				
		(ii) Employer/Owner Share as p@ Rs 12.00 per Employee/Wo				
	9)	Details of total fund to be paid t	to the Welfare Commissioner :			
		A. Numbers of Employees	:			
		Employee's Share	:			
		B. Employer's Share	:			
		C. Total	:			
		D. Date of Payment	:			
		E. Mode of Payment (Case/Cheque/DD)	:			
	10)	Reasons for if the contribution less paid if any,	not paid/ :			
	Da	nte•	Signature of Employer			