

FORM-XXXIV

[see rule 83 (1),(2),(3)]

Notice to the Employer who committed an offence for the first time for compounding of offence under subsection (1) of section 138 of the Code on Social Security, 2020

Notice No.....

Date:

On the basis of records and documents produced before me, the undersigned has reasons to believe that you, being the employer of the establishment..... (Registration No.....), have committed offence for the violation of provision of the Code or the Schemes or the Rules or the Regulations framed thereunder as per the details given below:-

PART – I

1. Name of the Person:
2. Name and Address of the Establishment :
3. Registration No of the Establishment:
4. Particulars of the offence:
5. Provisions of the Code/Scheme/Rules/Regulations under which the offence is committed:
6. Compounding amount required to be paid towards composition of the offence:
7. Name and Details of Account for depositing the Amount specified in Column 6:

PART –II

In view of the above, you have an option to pay the above-mentioned amount within fifteen days from the date of issue of this notice and return the application duly filled in Part – III of this notice.

In case the said amount is not paid within the specified time, necessary action for filing of prosecution shall be initiated without giving any further opportunity in this regard.

(Signature of the Compounding Officer) Date:

Place:

PART – III

Application under sub-section (4) of section 138 for compounding of offence

Ref: Notice No.....

Date:

The undersigned has deposited the entire amount as specified in Column 6 of Part-I and the details of payment are given below with a request to compound the offences mentioned in Part-I.

1. Details of the compounding amount deposited (Copy of electronically generated receipt to be attached):
2. Details of the prosecution, if filed for the violation of above-mentioned offences may be given:
3. Whether the offence is first offence or the applicant had committed any other offence prior to this offence, if committed, then, full details of the offence:
4. Any other information which the applicant desires to provide:

Signature of the applicant

(Name and Designation)

Dated:

Place:

PART – IV

Composition Certificate

Ref: Notice No.....

Date:

This is to certify that the offence under sub-section of section 133 of the Code in respect of which Notice No..... Dated: ____ was issued to Sh..... (Applicant), the employer of (name and Registration Number of establishment) has been compounded on account of remission of full amount of Rs.....(Rupees _____) towards the composition of offences to the satisfaction of the said Notice.

(Signature)

Name and Designation of the Officer

Date:

Place: