

FORM -01

EMPLOYERS' REGISTRATION FORM

[Regulation 10-B]

* Employer's Code No :

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1. Name of the Factory/Establishment :

2. Complete Post Address of the :
L Factory/Establishment

3. [a] Telephone No. If any :

[b] Fax No. if any :

[c] E-mail Address, if any

4. Location of Factory/Establishment :

[a] State :Maharashtra :

[d] Name of Town/Revenue
Village .

[b] District : Mumbai. :

[Taluka/Tahsil] _____

[c] Municipality/Ward : _____

[e] Police Station :

[f] Revenue Demarcation/
Hudbast No: _____

5. [a] Whether the building/premises
of factory/Estt. is owned or hired.

[b] If hired or there is a change
in the name of Unit/Ownership,
please indicate :-

[i] E S I Code No.if covered earlier

[ii] Date from which earlier factory/
Estt. Closed down.

[iii] Terms and conditions Under which
property acquired/taken on lease
[enclose copy of agreement/relevant
deed]

6. Details of Bank A/C

[a] Account No.

[b] Account No. _____

[c] Account No. _____

[b] Name of Bank and Branch:

[i]

[ii]

[iii]

7. [a] Income Tax Pan/GIR No

[b] Income Tax Ward/Circle/Area :

8. Exact Nature of Work/Business Carried on:

9. Date of Commencement of Factory/Estt. :

10. [a] Whether registered under Factories/ Shop & Estt./Other Act[Please Specify]: Shops & Establishment
- [b] Factory Licence No./Trade licence No./Catering Estt. Licence No.Shop.Estt. Registration No/Licence No. Under Cinematography Act.etc : Licence No. Date Licencing Authority
- [c] Please give whichever is applicable : No. Date Issuing Authority
- [i] Commercial Tax No. i]
- [ii] State Sales Tax No. ii]
- [iii] Central Sales Tax No. iii]
- [iv] Any Other Tax No. iv]
- [d] Maximum No. of persons that can be Employed on any one day,as per license :
- 11.[a] Whether power is used for manufacturing Process as per Section-2(K) of the Factory Act.if so since when. :
- [b] In case of factory whether Licence issued Under Section 5(m)(i) or 2(m) (ii) of the Factories Act.1948 : _____
- [c] Power connection No. : No. Sectioned Power Load Issuing Authority
- 12.[a] Whether it is Public or Private Ltd Company/Partnership/Proprietorship/ Cooperative Society/Ownership [attach Copy of Memorandum & Articles of Association/Partnership Deed/ Resolution). :
- [b] Give name,present & permanent residential address of present Proprietor/Managing Directors, Director/Managing Partners, Partners/Secretary of the Co-operative Society : Name Desig. Address
- i]
- ii]
- iii]
- iv]
- v]
- vi]
- vii]
- 13.Address (es) of the Registered Office/Branch Office/Sales Administrative Office.other offices, if any : Address No.of Tel.No Function Person
: As on date Emp. Fax responsible for day
To day functioning of

With No. Employees attached with each
Such office and person responsible for the
Office.

The office.

[give details on a separate Sheet, if required]

14. [a] Whether any work/Business
carried out through contractor/
immediate Employer

No

[b] If yes, give nature of such work
Business.

: _____

15. [a] E P F code No.

: No

issuing Authority

[If covered under EPF Act]

MH/

EPF authority Maharashtra.

16. Total number of Employees employed for wages directly and through immediate employers on the date of application [whether Manual/clerical/supervisor, connected with the administration or purchase of raw materials or distribution sale of product/service, whether permanent or temporary].

<u>As On Date</u>	<u>Total No OF Employees</u> 59			<u>No. of Employees Drawing Wages Rs.10000/- or Less</u>		
	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Employed directly by the Principal Employer						
Through Immediate Employer/Contractor						
Total						

17. Total Wages paid in the preceding month:

	<u>Total Wages</u> Nov.2007	<u>Wages paid to employee drawing wages Rs.10000/- less.</u>
To Employees Employed directly by the Principal Employer.		
To Employees Employed through immediate Employer/Contractor.		

18. Give first date since when 10/20**
or more coverable Employees under E S I Act
were employed for wages .

I hereby declare that the statement given above is correct to the best of my
knowledge and Belief I also understate to intimate changes, if any, promptly to the
Regional Office/Sub-Regional Office E SI Corporation as soon as such changes take
place.

Date: _____ Name & Signature _____

Place: Mumbai. _____ Designation with Seal _____

- Please mention the Employer's Code No., if previously allotted in case the
factory/Establishment Was covered under the E S I Act.

** Score out whichever is not applicable. In case of Factory/an
Establishment using power in the manufacturing process the number
applicable is 10 persons or more. In the case of a factory not using
power r any Establishment engaged in manufacturing process
without using power or any other establishment, the number
applicable is 20 or more person.