

**EMPLOYEES' STATE INSURANCE CORPORATION
RETURN OF DECLARATION FORM
Regulation 14**

Name and Address of the : Factory or Establishment :
Employee Code Number :
Local Office :

I send herewith the Declaration Form in respect of the employees mentioned below. I hereby declare that every person employed as an employee, within the meaning of Section 2 (9) of the Employees' State Insurance Act, 1948 on _____ in the factory or establishment and in receipt of a remuneration not (exceeding Rs. 7500/- (excluding remuneration for overtime work) per month has been included in this list. (excepting only those in respect of whom declaration forms have sent of the Corporation in the past.

Place : MUMBAI -400 0.

Date :

Sr. No.	Name of the Employee	Distinguishing No. with the employer, if any	Father's or Husband's name	Insurance No. allotted by the Corporation (to be entered at the Regional Office)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Enclosures: Declaration Forms : 13