

No.: ESI/ZFA/2007/01

DATE :

Employer's Code No.

To,  
The Regional Director (Coverage Section),  
Employees' State Insurance Corporation,

**Sub: Extension of ESI Scheme to our Field Staff - Request for allotment of Sub – Code Number.**

Dear Sir,

We have to state that our main establishment is situated in the state of Maharashtra at Mumbai.

(Address)

In Maharashtra Region. The said Company is covered under the ESI Act, 1948 w.e.f.1 April 2004 and code No. allotted to us is 35-1159-101.

Further, we state that we have number of Field Staff working all over India and as per your circular dt. 01.05.2000, we presume that we have to cover these field staff employees in respective region from their residence in the absence of any specific branch office of the company in the said region. We are, therefore, making an application for sub-code in your region for enabling our coverable employees to avail of the benefits under the ESI Regulations. The details required for the Sub-Code number are furnished below.

- 1) Name and Address of the Centre : M/s BRANCH ADDRESS  
C/O \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2) Month wise Strength of Employees : \_\_\_\_\_  
working at the Centre since : \_\_\_\_\_  
Inception.
  
- 3) Date of opening of the centre : \_\_\_\_\_
  
- 4) Name of the Local chief who is : \_Responsible person\_\_\_\_\_  
to be contacted and his  
designation. (\_\_\_\_\_)

- 5) The complete Address of our Head/ Registered office and Code no. Alloted. : M/s
- 6) Date of coverage of Head/ Registered office and section Under which it is covered. : \_\_\_\_\_ Under section 2(12)
- 7) Place where records will be made available for Inspection. : Same as Col. No. 5

We request your good self kindly to allot us a sub – code number and also permit us to maintain records and pay contribution from our main office at Mumbai. To facilitate the availability of ESI benefits to our field staff, the name & address of local office concern may please be intimated to us at an early date, so that the Declaration Forms, Return of contribution can be submitted to that office directly.

Thanking you,

Yours faithfully,

For LIMITED

Manager-HR

- Encl. 1) Copy of C-11.  
2) List of Directors with Residential Addresses,  
3) Certificate of Incorporation

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C/O \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Month wise Strength of Employees : \_\_\_\_\_  
working at the Centre since  
Inception.

3) Date of opening of the centre : \_\_\_\_\_

4) Name of the Local chief who is \_\_\_\_\_  
Responsible person to be  
contacted and his  
designation.

(\_\_\_\_\_)

5) The complete Address of our : M/s main registered  
Head/ Registered office and  
Code no. Alloted.

6) Date of coverage of Head/ : \_\_\_\_\_  
Registered office and section  
Under section 2(12)  
Under which it is covered.

7) Place where records will : Same as Col. No. 5  
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Yours faithfully,

For M/s.

Authorised signatory

Encl. 1) Copy of C-11.  
3) List of Directors with Residential Addresses,  
3) Certificate of Incorporation

