

शाखा कार्यालय का नाम

Name of the Branch Office CHIKANPALLY

अंशदान विवरणी / RETURN OF CONTRIBUTIONS

कर्मचारी राज्य बीमा निगम / LATE

EMPLOYEES' STATE INSURANCE CORPORATION

(विनियम 26)



कारखाने अथवा स्थापना का नाम और पता :
Name & Address of the factory or establishment :

प्रधान नियोजक का विवरण / Particulars of the Principal employer(s)

क) नाम / Name : SRI. SOHAM MOJI
ख) पदनाम / Designation : PARTNER
ग) आवासीय पता / Residential Address : Plot No. 280, Road No. 25, Jubilee Hills, H.Y.D.

अंशदान अवधि / Contribution Period : OCTOBER-2008 से / from MARCH 2009 तक / To

मैं निम्नलिखित त्रिमासिक व्यक्तियों / महिलों के संबंध में नियोजक व कर्मचारी के हिस्से के अंशदान के ब्योरे नीचे प्रस्तुत करता हूँ। मैं एतद्वारा यह घोषणा करता हूँ कि विवरणी में उन सभी कर्मचारियों को शामिल किया गया है जिन्हें कारखाने / स्थापना में या उसके कार्य के संबंध में या कारखाना / स्थापना के प्रशासन से संबंधित किसी भी कार्य के संबंध में ग्रा कच्चा माल खरीदने या तैयार माल बेचने या वितरण आदि के संबंध में, सीधे या / परोक्ष नियोजक के माध्यम से नियुक्त किया गया है और जिन पर विवरणी से संबंधित अंशदान अवधि लागू होती है तथा अंशदान की अदायगी करने से संबंधित अधिनियम तथा विनियम के उपबंधों के अनुसार नियोजक व कर्मचारी के हिस्से के संबंध में अंशदानों की अदायगी नीचे दिए गए चालानों द्वारा सही तरह से कर दी गयी है :-

I furnish below the details of the Employer's and Employees' Share of Contributions in respect of the under mentioned insured persons. I hereby declare that the return includes each & every employee, employed directly or through an immediate employer or in connection with the work of the factory / establishment or any work connected with the administration of the factory / establishment or purchase of raw materials, sale or distribution of finished products etc. to whom the ESI Act, 1948 applies, in the contribution period to which this return relates and that the contributions in respect of employer's and employee's share have been correctly paid in accordance with the provisions of the Act and Regulations.

कर्मचारी का शेयर / Employee's Share 8217 = 00
नियोजक का शेयर / Employer's Share 22302 = 00
कुल अंशदान / Total Contribution 30519 = 00

चालानों के ब्योरे / Details of Challans :-

क्र.सं. Sl.No.	माह / Month	चालान की तारीख Date of Challan	राशि / Amount	बैंक और उसकी शाखा का नाम Name of the Bank and Branch
1.	OCTOBER-08	7-11-08	5692 = 00	State Bank of India MG Road -
2.	NOVEMBER-08	16-12-08	5850 = 00	Secunderabad
3.	DECEMBER-08	21-01-09	5438 = 00	- 4 -
4.	JANUARY-09	17-02-09	5069 = 00	- 4 -
5.	FEBRUARY-09	14-03-09	4292 = 00	- 4 -
6.	MARCH-09	17-04-09	4182 = 00	- 4 -
7.				
8.				
9.				
10.				

अदा की गई कुल राशि / Total amount paid : Rs. 30519 = 00 रुपये

में घोषणा करना है कि
I declare that

- (क) सभी रिकार्ड तथा रजिस्टर क.रा.बी. अधिनियम, नियमों तथा विनियमों में उल्लिखित उपबंधों के अनुसार बनाये गए हैं।
(a) All the Records and Registers have been maintained as per provisions contained in ESI Act, Rules & Regulations framed therein.
- (ख) विवरणों की अवधि के दौरान.....घोषणा प्रपत्र जमा किए गए हैं।
(b) During the period of Return02..... No. of Declaration Forms have been submitted.
- (ग) उक्त अवधि के दौरान.....अस्थाई पहचान पत्र प्राप्त हुए हैं।
(c) During the above PeriodNIL..... No. of TICs have been received.
- (घ) उक्त अवधि के दौरान.....स्थाई पहचान पत्र प्राप्त हुए हैं।
(d) During the above Period02..... No. of P I Cs have been received.
- (ङ) उपर्युक्त अवधि के दौरान प्राप्त वीमाकृत व्यक्तियों को.....स्थायी पहचान पत्र वितरित किए गए हैं।
(e) During the above Period02..... No. of P I Cs have been distributed amongst the eligible IPs.
- (च) उपर्युक्त अवधि के दौरान.....दुर्घटनायें संबंधित शाखा कार्यालय को सूचित की गई हैं।
(f) During the above periodNO..... accidents have been reported to the concerned Branch Office.
- (छ) अवधि के दौरान हमारे द्वारा नियुक्त.....कर्मचारियों को व्याप्त किया गया है और इन कर्मचारियों को.....रुपये कि कुल मजदूरी अदा की गई है।
(g) During the period No.19..... of employees directly employed by us have been covered and a total wages of Rs.4625271..... have been paid to such employees.
- (ज) अवधि के दौरान हमारे द्वारा सीधे नियुक्त किए गए.....कर्मचारियों को व्याप्त नहीं किया गया तथा इन कर्मचारियों को.....रुपये की कुल मजदूरी अदा की गई है।
(h) During the periodNIL..... No. of employees directly employed by us have not been covered and a total wages of Rs.NIL..... have been paid to such employees.
- (झ)अवधि के दौरान आसन्न नियोजक के माध्यम से.....कर्मचारी नियुक्त तथा व्याप्त किए गए और इन कर्मचारियों को.....रुपये की कुल मजदूरी अदा की गई।
(i) During the periodN.A...... No. of employees employed through immediate employer have been covered and a total wages of Rs.N.A...... have been paid to such employees.
- (ञ)अवधि के दौरान आसन्न नियोजक के माध्यम से नियुक्त किए गए.....कर्मचारियों को व्याप्त नहीं किया गया तथा इन कर्मचारियों को.....रुपये की कुल मजदूरी अदा की गई।
(j) During the periodNIL..... No. of employees employed through immediate employer have not been covered and a total wages of Rs.NIL..... have been paid to such employees.
- (ट) अंशदान की अदायगी हेतु मजदूरी के निम्नलिखित घटकों को ध्यान में रखा गया है।
(k) Following Components of wages have been taken into consideration for the purpose of payment of contribution:-
1. BASIC
2. D.A
3. HRA
4. C.C.A
5. T.A
E.A
- (ड) अंशदान की अदायगी हेतु मजदूरी के निम्नलिखित घटकों को ध्यान में नहीं रखा गया है।
(l) Following components of wages have not been taken into consideration for the purpose of payment of contribution:-
1. NIL
2.
3.
4.
5.

उल्लिखित सूचनाएँ रिकार्ड पर आधारित हैं और यदि कोई सूचना गलत पाई जाती है तो क.रा.बी. अधिनियम के उपबंधों के अधीन मेरे ऊपर अभियोजन तथा क.रा.बी. अधिनियम के उपबंधों के अनुसार ध्यान सहित देय अंशदान और हर्जाने की वसूली हेतु कार्रवाई की जा सकती है।
The above mentioned information is based on records and any information if found incorrect will render me liable for prosecution under the provisions of ESI Act and action for recovery of contribution due along-with interest and damages as per provisions of the ESI Act.

नियोजक का पदनाम और हस्ताक्षर/Signature & Designation of the Employer
(रबड़ की मोहर सहित) / (with Rubber Stamp)

स्थान/Place:
दिनांक/Date:

चार्टर्ड लेखाकार का प्रमाण पत्र / CERTIFICATE BY CHARTERED ACCOUNTANT

(40 अथवा अधिक कर्मचारियों को नियोजित करने वाले नियोजकों को देना होगा)
(To be submitted in case of employers employing 40 or more employees)

प्रमाणित किया जाता है कि मैंने मैसर्स.....की उक्त विवरणी को रिकार्ड एवं रजिस्टर सं सत्यापित कर लिया है तथा इसे ठीक पाया है।
Certified that I have verified the above return from the Records and Registers of M/s..... and found it to be correct.

Signature & Seal
of the Chartered Accountant
with Membership No.

सदस्यता संख्या सहित
चार्टर्ड लेखाकार के हस्ताक्षर एवं मोहर

For MEHTA & MODI HOMES

Authorized Signatory



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

प्रपत्र FORM-1

M/s. MEHTA AND MODI HOMES
B-4-187 3 & 4, II FLOOR,
SOHAM M-NEION, M. G. ROAD,
SECUNDERABAD - 500 003

नियोजक की कूट संख्या
Employer's Code No. 52-26007-101

क्रम संख्या Serial Number	बीमा संख्या Insurance Number	बीमाकृत व्यक्ति का नाम Name of Insured Person	कितने दिन के लिये मजदूरी संदेत को गई No. of days for which wages paid	संदेत मजदूरी की कुल राशि Total amount of Wages paid		कर्मचारी के अंशदान की कटौती Employee's Contribution deducted		दैनिक मजदूरी Daily wages 5:4		क्या अभी भी कार्य कर रहा है तथा बीमा योग्य मजदूरी सीमा के भीतर मजदूरी प्राप्त कर रहा है Whether still continues working and drawing wages with insurable wage ceiling	औपचारिक नाम Remarks/Name of Dispensary
				₹./Rs.	₹/P	₹./Rs.	₹/P	₹./Rs.	₹/P		
1	4400036	CH. SUTATHA	178 1/2	38702.00	677.00	216.81	YES				
2	4400038	P. SWETHA	182	34002.00	594.00	186.82	YES				
3	5315743	G. MURLIMDHAN	182	27204.00	474.00	149.47	YES				
4	5315755	SYED MAHIUDDIN	168	40232.00	704.00	239.47	YES				
5	5315761	M. SRINIVAS YADAV	180	26911.00	469.00	149.50	YES				
6	5315762	ARVIND KUMAR	177 1/2	26546.00	463.00	149.57	YES				
7	5315764	T. DAKSHINAMURTHY	173 1/2	25922.00	453.00	149.40	YES				
8	5315766	G. S. NARSIMHA REDDY	182	35364.00	618.00	194.30	YES				
9	5584711	K. HEMENDRA	182	44604.00	780.00	245.07	YES				
10	5584712	A. ARVIND KUMAR	81	11989.00	211.00	148.01	LEFT				
11	5584713	M. YADAGIRI	94 1/2	16762.00	293.00	177.37	LEFT				
12	5794071	N. VINOD KUMAR	121	26765.00	468.00	221.19	LEFT				
13	5883354	T. SUDHAKAR	88 1/2	14628.00	256.00	165.28	YES	1-1-09			
14	6010005	S. SWATHI	120	17679.00	309.00	147.32	LEFT				
15	6010006	Y. Y. SHAILATA	90 1/2	16253.00	281.00	177.38	LEFT				
16	6010433	Y. VEENA DEVI	78	18486.00	324.00	237.00	LEFT				
17	6127513	G. SAILATA	88	13085.00	229.00	148.69	YES	1-1-09			
18	6127586	M. LATANYA	16.3	29085.00	508.00	178.43	YES				
19	X	M. SARITHA	34	5508.00	96.00	162.00	LEFT				
TOTAL				2564	469271.00	8207.00					

For MEHTA & MODI HOMES

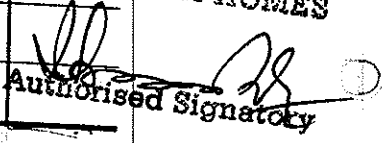
Authorized Signatory

For MEHTA & MODI HOMES

हस्ताक्षर / Signature

Authorized Signatory

1 क्रम संख्या Serial Number	2 बीमा संख्या Insurance Number	3 बीमाकृत व्यक्ति का नाम Name of Insured Person	4 कितने दिन के लिये मजदूरी सटत को गई No. of days for which wages paid	5 सटत मजदूरी की कुल राशि Total amount of Wages paid		6 कर्मचारी के अंशदान की कटौती Employee's Contribution deducted		7 दैनिक मजदूरी Daily wages 5÷4		7A क्या अभी भी कार्य कर रहा है तथा बीमा योग्य मजदूरी सीमा के भीतर मजदूरी प्राप्त कर रहा है। Whether still continues working and drawing wages with insurable wage ceiling	8 औपचारिक का नाम Remarks/Name of Dispensary
				₹./Rs.	₹./P	₹./Rs.	₹./P	₹./Rs.	₹./P		
TOTAL											

For MEHTA & MODI HOMES

 Authorised Signatory

हस्ताक्षर
 SIGNATURE For MEHTA & MODI HOMES
 कर्मचारी राज्य बीमा निगम क्षेत्राय कार्यालय के प्रयोग के लिए
 (FOR USE IN REGIONAL OF E.S.I. CORPORATION)

विवरणी के कॉलम (५) का योग जाँच किया गया और सही पाया गया। सही राशि स्थाही से लिखी गई है।
 Total of Col.(5) of the Return Checked and found correct" correct amount indicated in Pen

नियोजकों / कर्मचारियों के द्वारा दी गई अंशदान की राशि सही है / समीक्षा ज्ञापन संलग्न है।
 Checked the amount of employers/employees contribution paid which is in order/observation memo enclosed.

पात्रता की स्थिति चिन्हित है।
 Entitlement position marked

प्र.क्षे.लि. U.D.C.

प्रति हस्ताक्षर
 Countersigned

शाखा अधिकारी
 BRANCH OFFICER

प्रति हस्ताक्षर
 COUNTERSIGNED
 शाखा अधिकारी
 BRANCH OFFICER

प्रदान लिपिक
 HEAD CLERK



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation

फॉर्म FORM-11

नियोजक की कूट संख्या
Employer's Code No. 52-26007-101

M/s. MEHTA AND MODI HOMES
B-4-187 3 & 4, II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003

क्रम संख्या Serial Number	बीमा संख्या Insurance Number	बीमाकृत व्यक्ति का नाम Name of Insured Person	कितने दिन के लिये मजदूरी सवत को गई No. of days for which wages paid	संवत मजदूरी की कुल राशि Total amount of Wages paid		कर्मचारी के अंशदान की कटौती Employee's Contribution deducted		दैनिक मजदूरी Daily wages 5-4		क्या अभी भी कार्य कर रहा है तथा बीमा योग्य मजदूरी सीमा के भीतर मजदूरी प्राप्त कर रहा है Whether still continues working and drawing wages with insurable wage ceiling	आपत्तय का नाम Remarks/Name of Dispensary
				₹/Rs.	₹/P	₹/Rs.	₹/P	₹/Rs.	₹/P		
1	4400036	CH. SUTATHA	178 1/2	38702.00		677.00		216.81		YES	
2	4400038	P. SWETHA	182	34002.00		594.00		186.82		YES	
3	5315743	G. MURLIMDHAN	182	27204.00		474.00		149.47		YES	
4	5315755	SYED MAHMOUDIN	168	40232.00		704.00		239.47		YES	
5	5315761	M. SRINIVAS YADAV	180	26911.00		469.00		149.50		YES	
6	5315762	ARVIND KUMAR	177 1/2	26546.00		463.00		149.57		YES	
7	5315764	T. DAKSHINAMURTHY	173 1/2	25922.00		453.00		149.40		YES	
8	5315766	G. S. NARSIMHAREDDY	182	35364.00		618.00		194.30		YES	
9	5584711	K. HEMENDRA	182	44604.00		780.00		245.07		YES	
10	5584712	A. ARVIND KUMAR	81	11989.00		211.00		148.01		LEFT	
11	5584713	M. YADAGIRI	94 1/2	16762.00		293.00		177.37		LEFT	
12	5794071	N. VINOD KUMAR	121	26765.00		468.00		221.19		LEFT	
13	5883354	T. SUDHAKAR	88 1/2	14628.00		256.00		165.28		YES	1-1-09
14	6010005	S. SWATHI	120	17679.00		309.00		147.32		LEFT	
15	6010006	Y. V. SHAILATA	90 1/2	16253.00		281.00		177.38		LEFT	
16	6010433	Y. VEENA DEVI	78	18486.00		324.00		237.00		LEFT	
17	6127513	G. SAILATA	88	13085.00		229.00		148.69		YES	1-1-09
18	6127586	M. LAYANYA	163	29085.00		508.00		178.43		YES	
19	X	M. SARITHA	34	5508.00		96.00		162.00		LEFT	
TOTAL				2564	469571.00	8207.00					

For MEHTA & MODI HOMES

Authorized Signatory

For MEHTA & MODI HOMES

Authorized Signatory

ESIC

ORIGINAL (for Bank)
 DUPLICATE (for ESIC through Bank)
 TRIPLICATE (for Depositor)
 QUADRUPPLICATE (through Depositor)

EMPLOYEES STATE INSURANCE FUND ACCOUNT No. 1 Challan No.

PAY-IN-SLIP FOR CONTRIBUTION

[Empty Box for Challan No.]

STATE BANK OF INDIA
 Station M.G. ROAD

Dated 7-11-2008

Particulars of Cash/Cheque No.	Amount	
	Rs.	P.
SBI CH. NO. 850NH7 6/11/08	5692	00
Total	5692	00

Paid into the credit of the Employees State Insurance Fund Account No. 1

Rs. 5692/-

(Rupees Five thousand Six hundred and Ninety two only)

in Cash/by Cheque (on realisation) for payment of contribution as per details given below under the Employees' State Insurance Act, 1948, for the month of OCTOBER-2008

Deposited by [Signature]

Employer's Code No. 52-26007-101
 Name and Address of Factory/Establishment M/s. MEHTA AND MODI HOMES
 5-4-187, 3. & 4, II FLOOR,
 SOHAM MANSION, M. G. ROAD,
 SECUNDERABAD - 500 003

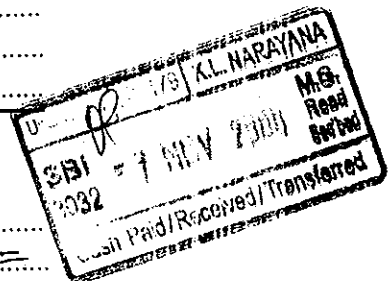
No. of Employees 17
 Total Wages Rs. 87571 = 00
 Employee's Contribution Rs. 1532 = 00
 Employer's Contribution Rs. 4160 = 00
 Total Rs. 5692 = 00

(For use in Bank)

ACKNOWLEDGEMENT
 (to be filled by depositor)

Received payment with Cash/Cheque/Draft No. dated for Rs. 5692/- (Rupees) only
 drawn on (Bank)
 in favour of Employees' State Insurance Fund Account No. 1
 Sl. No. in Bank's Scroll

Date Authorised Signatory of the receiving Bank



ESIC

ORIGINAL (for Bank)
DUPLICATE (for ESIC through Bank)
TRIPLICATE (for Depositor)
QUADRUPPLICATE (through Depositor)

EMPLOYEES STATE INSURANCE FUND ACCOUNT No. 1

Challan No.

PAY-IN-SLIP FOR CONTRIBUTION

STATE BANK OF INDIA

Station... M.G. ROAD

Dated... 7-11-2008

Particulars of Cash/Cheque No.	Amount	
	Rs.	P.
S.B.I. CH. NO. 850NH7 6/11/08	5692	00
Total	5692	00

Paid into the credit of the Employees State Insurance Fund Account No. 1

Rs. 5692/-

(Rupees... Five thousand six hundred and ninety two only)

in Cash/by Cheque (on realisation) for payment of contribution as per details given below under the Employees' State Insurance Act, 1948, for the month of OCTOBER-2008

Deposited by...

Employer's Code No. 52-2600-7-101

M/s. MEHTA AND MODI HOMES

Name and Address of

5-4-187, 3 & 4, II FLOOR,

Factory/Establishment

SOHAM MANSION, M. G. ROAD,

SECUNDERABAD - 500 003

No. of Employees... 17

Total Wages Rs. 87571 = 00

Employee's Contribution Rs. 1532 = 00

Employer's Contribution Rs. 4160 = 00

Total Rs. 5692 = 00

(For use in Bank)

ACKNOWLEDGEMENT

(to be filled by depositor)

Received payment with Cash/Cheque/Draft No.

dated... for Rs. 5692/- (Rupees... only)

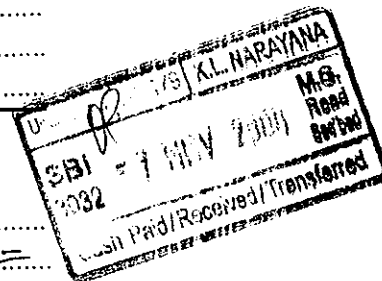
drawn on... (Bank)

in favour of Employees' State Insurance Fund Account No. 1

Sl. No. in Bank's Scroll

Date

Authorised Signatory of the receiving Bank



ESIC

ORIGINAL (for Bank)
 DUPLICATE (for ESIC through Bank)
 TRIPLICATE (for Depositor)
 QUADRUPPLICATE (through Depositor)

EMPLOYEES STATE INSURANCE FUND ACCOUNT No. 1

Challan No.

PAY-IN-SLIP FOR CONTRIBUTION

STATE BANK OF INDIA

Station M.G. ROAD SEC

Dated 16-12-2008

Particulars of Cash/Cheque No.	Amount	
	Rs.	P.
SBI-CH. No. 850458 13/11/08	5850	00
Total	5850	00

Paid into the credit of the Employees State Insurance Fund Account No. 1

Rs. 5850 = 00

(Rupees FIVE THOUSAND EIGHT HUNDRED - FIFTY only)

in Cash/by Cheque (on realisation) for payment of contribution as per details given below under the Employees' State Insurance Act, 1948, for the month of NOVEMBER-2008

Deposited by [Signature]

Employer's Code No. 52-26007-101

Name and Address of Factory/Establishment M/s. MODI AND MODI HOMES
5-4-1873 W.G. II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003

No. of Employees 17

Total Wages Rs. 90000 = 00

Employee's Contribution Rs. 575 = 00

Employer's Contribution Rs. 1075 = 00

Total Rs. 91850 = 00

(For use in Bank)

ACKNOWLEDGEMENT
 (to be filled by depositor)

Received payment with Cash/Cheque/Draft No. 3032
 dated 16 DEC 2008 for Rs. 5850

Useful for: G. S. BAN KUMAR

Check No. 3032

Received payment with Cash/Cheque/Draft No. 3032 dated 16 DEC 2008 for Rs. 5850

drawn on [Bank Name] (Bank)

in favour of Employees' State Insurance Fund Account No. 1

SI. No. in Bank's Scroll

Date : Authorised Signatory of the receiving Bank

ESIC

ORIGINAL (for Bank)
DUPLICATE (for ESIC through Bank)
TRIPLICATE (for Depositor)
QUADRUPLICATE (through Depositor)

EMPLOYEES STATE INSURANCE FUND ACCOUNT No. 1

Challan No.

PAY-IN-SLIP FOR CONTRIBUTION

[Empty box for Challan No.]

STATE BANK OF INDIA

Station M.G. ROAD SEC

Dated 21-1-2009

Particulars of Cash/Cheque No.	Amount	
	Rs.	P.
SBI ch. no. <u>850462</u> <u>17/1/09</u>	<u>5434</u>	<u>00</u>
Total	<u>5434</u>	<u>00</u>

Paid into the credit of the Employees State Insurance Fund Account No. 1

Rs. 5434 = 00

(Rupees FIVE THOUSAND FOUR HUNDRED THIRTY FOUR ONLY only)

in Cash/by Cheque (on realisation) for payment of contribution as per details given below under the Employees' State Insurance Act, 1948, for the month of DECEMBER 2008

Deposited by [Signature]

Employer's Code No. 52-26007-101

Name and Address of Factory/Establishment M/s. MEHTA AND MODI HOMES
6-4-107/8, 2/4, II FLOOR,
BOHAM MANSION, M.G. ROAD,

No. of Employees 16 SECUNDERABAD - 500 003

Total Wages Rs. 83601 = 00

Employee's Contribution Rs. 1463 = 00

Employer's Contribution Rs. 3971 = 00

Total Rs. 5434 = 00

(For use in Bank)

ACKNOWLEDGEMENT

(to be filled by depositor)

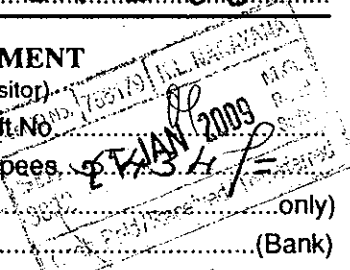
Received payment with Cash/Cheque/Draft No. 73519
dated 21-1-2009 for Rs. 5434 (Rupees 5434 only)

drawn on [Bank Name] (Bank)

in favour of Employees' State Insurance Fund Account No. 1

Sl. No. in Bank's Scroll

Date [Signature] Authorised Signatory of the receiving Bank



ESIC

ORIGINAL (for Bank)
DUPLICATE (for ESIC through Bank)
TRIPLICATE (for Depositor)
QUADRUPPLICATE (through Depositor)

EMPLOYEES STATE INSURANCE FUND ACCOUNT No. 1

Challan No.

PAY-IN-SLIP FOR CONTRIBUTION

STATE BANK OF INDIA

Station M.G. ROAD - SEC

Dated 17-2-2009

Particulars of Cash/Cheque No.	Amount	
	Rs.	P.
SBI ch. No. 850465 16/2/09	5069	00
Total	5069	00

Paid into the credit of the Employees State Insurance Fund Account No. 1

Rs. 5069 = 00

(Rupees Five thousand Sixty Nine 00 only)

in Cash/by Cheque (on realisation) for payment of contribution as per details given below under the Employees' State Insurance Act, 1948, for the month of JANUARY 2009

Deposited by [Signature]

Employer's Code No. 52-26007-101

Name and Address of Factory/Establishment M/S. MEHTA AND MODI HOMES
5-4-187 3. & 4. II FLOOR,
BOHAM MANSION, M.G. ROAD,
SECUNDERABAD - 500 003

No. of Employees 15

Total Wages Rs. 7798.00

Employee's Contribution Rs. 136.50

Employer's Contribution Rs. 37.00

Total Rs. 175069 = 00

(For use in Bank)

3032
TRANSFER
ACKNOWLEDGEMENT
No. 7957
Date 17 FEB 2009
Branch M.G. ROAD
Initials [Signature]

Received payment with Cash/Cheque/Draft No.

dated for Rs. (Rupees 5069 only)

drawn on (Bank)

in favour of Employees' State Insurance Fund Account No. 1

SI. No. in Bank's Scroll

Date :

Authorised Signatory of the receiving Bank

ESIC

ORIGINAL (for Bank)
DUPLICATE (for ESIC through Bank)
TRIPLICATE (for Depositor)
QUADRUPLICATE (through Depositor)

EMPLOYEES STATE INSURANCE FUND ACCOUNT No. 1

Challan No.

PAY-IN-SLIP FOR CONTRIBUTION

STATE BANK OF INDIA

Station: SBI MG ROAD

Dated: 14-3-2009

Particulars of Cash/Cheque No.	Amount	
	Rs.	P.
Ch. No. 850 H66 11-3-09 SBI MG ROAD	4292	00
Total	4292	00

Paid into the credit of the Employees State Insurance Fund Account No. 1

Rs. 4292/-

(Rupees Four thousand two hundred -
and 17 two p only)

in Cash/by Cheque (on realisation) for payment of contribution as per details given below under the Employees' State Insurance Act, 1948, for the month of FEBRUARY 2009

Deposited by Jasirja

Employer's Code No. 52-26007-101

Name and Address of Factory/Establishment M/s. MEHTA AND MODI HOMES
5-4-187/3 & 4, II FLOOR,

No. of Employees 13 SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003

Total Wages Rs. 66029 = 00

Employee's Contribution Rs. 1156 = 00

Employer's Contribution Rs. 3136 = 00

Total Rs. 4292 = 00

(For use in Bank)

ACKNOWLEDGEMENT

(to be filled by depositor)

Received payment with Cash/Cheque/Draft No. dated..... for Rs. 4292/- (Rupees 4292/- only)

drawn on SBI 14 MAR. 2009 (Bank)

in favour of Employees' State Insurance Fund Account No. 1

Sl. No. in Bank's Scroll.....

Date : [Signature]
Authorised Signatory of the receiving Bank

ESIC

ORIGINAL (for Bank)
DUPLICATE (for ESIC through Bank)
TRIPLICATE (for Depositor)
QUADRUPPLICATE (through Depositor)

EMPLOYEES STATE INSURANCE FUND ACCOUNT No. 1

Challan No.

PAY-IN-SLIP FOR CONTRIBUTION

STATE BANK OF INDIA

Station... M.G. ROAD - SEC

Dated. 17-4-2009

Particulars of Cash/Cheque No.	Amount	
	Rs.	P.
SBI CH. NO. 850481 1474709	4182	00
Total	4182	00

Paid into the credit of the Employees State Insurance Fund Account No. 1

Rs. 4182/-

(Rupees Four thousand one hundred only)

in Cash/by Cheque (on realisation) for payment of contribution as per details given below under the Employees' State Insurance Act, 1948, for the month of MARCH-2009

Deposited by Konaiya

Employer's Code No. 52-2607-101

Name and Address of Factory/Establishment

M/s. MEHTA AND MODI HOMES
6-4-187 B & C II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003

No. of Employees 12

Total Wages Rs. 64332 = 00

Employee's Contribution Rs. 1126 = 00

Employer's Contribution Rs. 3056 = 00

Total Rs. 4182 = 00

(For use in Bank)

ACKNOWLEDGEMENT (to be filled by depositor)

Received payment with Cash/Cheque/Draft No. 2088 dated 17 APR 2009 for Rs. 4182 Rupees

drawn on SBI (Bank)

in favour of Employees' State Insurance Fund Account No. 1

Sl. No. in Bank's Scroll

Date : Authorised Signatory of the receiving Bank

