

**EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN: CIG ROAD: NEW DELHI**

NO.S-11/12/2/2007-Rev.II

March 14, 2008

To

All the Regional Directors/Jt. Director (I/c)
ESI Corporation
Regional/Sub-Regional Office

**Subject: Self-Certification by Employers in Returns of Contribution –
regarding.**

Sir,

In order to streamline and simplify the process of revenue enforcement and with a view to lay focus on coverage and registration of all coverable employees to enable them avail the benefits without hassle, the Corporation in its meeting held on 16.12.2007 resolved to amend Regulation 26 and Form-5 of the ESI (General) Regulation, 1950. A notification to this effect has been issued on 11.3.2008 (copy enclosed). Accordingly, Regulation Form-5 (Return of Contribution) has been modified. The salient features of amendments made in the Returns of Contribution are as under:-

1. Self-declaration by Employers regarding maintenance of records and registers, submission of Declaration Forms, distribution of TICs/PICs, employees engaged directly or through immediate employers and wages paid to the workers.
2. All the Employers employing 40 and more employees shall have to append a certificate duly certified by a Chartered Accountant, in the revised format of Returns of Contribution.
3. The Employers employing less than 40 employees will have to provide self-certification without any certification from the Chartered Accountants in Return of Contributions.

The employers submitting the RCs in the revised format without self-certification/certification by the Chartered Accountant, may also be accepted for the purpose of generation of live lists and deciding eligibility of the employees to the cash and medical benefits. Such RCs should be stamped '**SELF CERTIFICATE NOT APPENDED**' in red ink and are to be transmitted to Revenue Branches by the concerned Branch Offices for taking action on Defaulter's as well as for Inspection purpose.

These instructions will come into force w.e.f. 1.4.2008.

You are, accordingly, requested to provide the copies of revised Returns of Contribution to all covered employers with a request to submit the Returns of Contribution for the period ending 31.3.2008 in the revised format. You are further requested to immediately get the Returns of Contribution printed in the

distribution amongst the employers. There should not be a case of non-supply/non-availability of the Returns of Contribution in the revised format.

You are also requested to give wide publicity in the newspapers through advertisements, Press Notes and by way of letters addressed to the prominent Employers' Associations.

This issues with the approval of IC/DG.

Yours faithfully,


(K. MISHRA)

ADDL. COMMISSIONER (REV.)

Encl: As Above.

Copy to -

1. Heads of Divisions in Hqrs. Office.
2. All the SSMCs/SMCs.
3. All the Jt. Directors/Dy. Director (Fin.)
4. All Branch Officers / Branches in Hqrs. Office.

EMPLOYEES' STATE INSURANCE CORPORATION

New Delhi, March 11, 2008

No.N-12/13/1/2008-P&D: In exercise of powers conferred by Section 97 of Employees' State Insurance Act, 1948 (34 of 1948), the Employees' State Insurance Corporation hereby makes the following Regulations to amend the Employees' State Insurance (General) Regulations, 1950, the same having been previously published in the Gazette of India, Part-III, Section 4 dated January 26, 2008, inviting objections/ suggestions, if any, as required by Sub-Section (1) of the said Section, namely : -

1. (i) These Regulations may be called the Employees' State Insurance (General) (Amendment) Regulations, 2008.

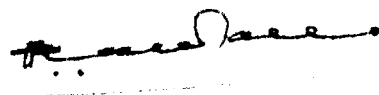
(ii) These will come into force from 1st April, 2008.

2. In the Employees' State Insurance (General) Regulations, 1950, -

(1) In Regulation 26, after Sub-Regulation (1), the following Sub-Regulation 1(A) shall be inserted:

1(A) Every employer shall be required to submit details in Form 5 (Return of Contribution) with regard to employees engaged through Principal and Immediate Employers and their coverage, submission of Declaration Forms, distribution of Temporary Identification Certificates/ Permanent Identity Cards and wages considered for payment of contribution and wages excluded for such purpose."

(2) The existing Form 5 shall be substituted with the new Form 5 which is enclosed.



(A.J. PAWAR)
INSURANCE COMMISSIONER

* Due Date for submission:-
12th May/ 11th November*

REG. FORM- 5

Name of Branch Office _____

Employer's Code No. _____

RETURN OF CONTRIBUTIONS

**EMPLOYEES' STATE INSURANCE CORPORATON
(Regulation - 26)**

Name & Address of the factory or establishment :

Particulars of the Principal employer(s)

- a) Name _____
b) Designation _____
c) Residential Address _____

Contribution Period from _____ to _____

I furnish below the details of the Employer's and Employee's 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.

Employees' Share _____

Employer's Share _____

Total Contribution _____

Details of Challans: -

Sl. No.	Month	Date of Challan	Amount	Name of the Bank and Branch
1.				
2.				
3.				
4.				
5.				
6.				

Total amount paid: Rs. _____

I declare that

- (a) All the Records and Registers have been maintained as per provisions contained in ESI Act, Rules & Regulations framed therein.
- (b) During the period of return _____ No. of Declaration forms have been submitted.
- (c) During the above period _____ No. of TICs have been received.
- (d) During the above period _____ No. of PICs have been received.
- (e) During the above period _____ No. of PICs have been distributed amongst the eligible IPs.
- (f) During the above period _____ accidents have been reported to the concerned Branch Office.
- (g) During the period _____ No. of employees directly employed by us have been covered and a total wages of Rs. _____ have been paid to such employees.
- (h) During the period _____ No. of employees directly employed by us have not been covered and a total wages of Rs. _____ have been paid to such employees.
- (i) During the period _____ No. of employees employed through immediate employer have been covered and a total wages of Rs. _____ have been paid to such employees.
- (j) During the period _____ No. of employees employed through immediate employer have not been covered and a total wages of Rs. _____ have been paid to such employees.
- (k) Following components of wages have been taken into consideration for the purpose of payment of contribution –
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- (l) Following components of wages have not been taken into consideration for the purpose of payment of contribution –
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

The above mentioned information is based on records and any information if found incorrect will render me liable for prosecutions under provisions of ESI Act and action for recovery of contribution due along-with interest and damages as per provisions of the ESI Act.

Place _____
Employer _____
Date _____

Signature & Designation of the
(with Rubber Stamp)

CERTIFICATE BY CHARTERED ACCOUNTANT
(To be submitted in case of employers employing 40 or more employees)

Certified that I have verified the above return from the Records & Registers of
M/s. _____ and found it to be correct.

Signature & Seal
Of the Chartered Accountant with
Membership No

Important Instructions: Information to be given in "Remarks Column (No.9)"

- i) If any I.P. is appointed for the first time and / or leaves during the contribution period indicate "A _____ (date)" and/ or "L _____ (date)".
- ii) Please indicate Insurance Nos. in ascending order.
- iii) Figures in Column 4, 5 & 6 shall be in respect of wage periods ended during the contribution period.
- iv) Invariably strike totals of Column 4, 5 & 6 of the Return.
- v) No overwriting shall be made. Any corrections, if made, should be signed by the employer.
- vi) Every page of this Return should bear full signature and rubber stamp of the employer.
- vii) Daily wages in Column 7 of the return shall be calculated by dividing figures in Column 5 by figures in Column 4 to two decimal places.

For * CP ending 31st March, due date is 12th May
 For CP ending 30th September, due date is 11th November

EMPLOYEES' STATE INSURANCE CORPORATION

Employer's Name and Address _____

Employer's Code No. _____ Period from _____ to _____

Sl No	Insurance Number	Name of Insured Person	No. of days for which wages paid	Total amount of wages paid (Rs.)	Employee's contribution deducted (Rs.)	Average Daily Wages (Rs.)	Whether still continues working	Remarks *
1	2	3	4	5	6	7	8	9
TOTAL								

*Date of appointment and leaving the job may be given in remarks column.

Signature of the Employer

(FOR OFFICIAL USE)

- 1. Entitlement position marked.
- 2. Total of Col. 5 of Return checked and found correct/correct amount is indicated.
- 3. Checked the amount of Employer's / Employee's contribution paid which is in order/ observation memo. enclosed.

Countersignature _____

U.D.C.

**Head Clerk
Officer**

Branch

कर्मचारी राज्य बीमा निगम

नई दिल्ली, 11 मार्च, 2008

संख्या: एन-12/13/1/2008-यो.एवं वि. : कर्मचारी राज्य बीमा अधिनियम, 1948(1948 का 34) की धारा 97 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, कर्मचारी राज्य बीमा निगम, कर्मचारी राज्य बीमा (साधारण) विनियम, 1950 में संशोधन करने के लिए एतद्द्वारा निम्नलिखित विनियम बनाता है, जो आपत्तियां अथवा सुझाव, यदि कोई हैं, आमंत्रित करते हुए उक्त धारा की उप धारा (1) द्वारा यथा-अपेक्षित भारत के राजपत्र, भाग-III, खण्ड-4 में दिनांक 26 जनवरी, 2008 में प्रकाशित किए जा चुके हैं, अर्थात:-

1. (i) ये विनियम कर्मचारी राज्य बीमा (साधारण)(संशोधन) विनियम, 2008 कहे जाएंगे ।

(ii) ये 01 अप्रैल, 2008 से प्रभावी होंगे ।

2. कर्मचारी राज्य बीमा (साधारण)विनियम, 1950 में:-

(1) विनियम 26 में, उप विनियम(1) के बाद, निम्नलिखित उप विनियम 1(क) अन्तःस्थापित किया जाये:

“1(क) प्रत्येक नियोजक को प्रधान नियोजक तथा अव्यवहित नियोजक के माध्यम से काम पर लगाये गए कर्मचारियों तथा उनकी व्याप्ति, घोषणा प्ररूपों को जमा कराने, अस्थायी पहचान प्रमाण पत्र/स्थायी पहचान पत्रों के वितरण और अंशदान के भुगतान हेतु शामिल की गई मजदूरी तथा ऐसे प्रयोजन हेतु छोड़ी गई मजदूरी आदि से संबंधित ब्यारे प्ररूप 5(अंशदान विवरणी) में प्रस्तुत करना अपेक्षित होगा ।”

2. मौजूदा प्ररूप 5 को संलग्न नए प्ररूप 5 द्वारा प्रतिस्थापित किया जाये ।



(अशोक ज. पवार)
बीमा आयुक्त

प्रस्तुत करने के लिए नियत तारीख :-

12 मई/11 नवम्बर*

शाखा कार्यालय का नाम.....

नियोजक कूट संख्या.....

अंशदान विवरणी**कर्मचारी राज्य बीमा निगम
(विनियम-26)**

कारखाने अथवा स्थापन का नाम और पता :

प्रधान नियोजक के विवरण :

(क) नाम :

(ख) पदनाम :

(ग) आवासीय पता :

अंशदान अवधि.....से.....तक

मैं निम्नलिखित बीमाकृत व्यक्तियों के संबंध में, अंशदान के, नियोजक व कर्मचारी हिस्से के ब्योरे नीचे प्रस्तुत करता हूँ। मैं एतद्वारा यह घोषणा करता हूँ कि विवरणी में उस प्रत्येक कर्मचारी को शामिल किया गया है जिसे कारखाना/स्थापन में या उसके कार्य के संबंध में या कारखाना/स्थापन के प्रशासन से संबंधित किसी भी कार्य के संबंध में या कच्चा माल खरीदने या तैयार माल बेचने या वितरण आदि के संबंध में, सीधे या अव्यवहित नियोजक के माध्यम से नियुक्त किया गया है जिस पर क.रा.बी.अधिनियम, 1948 लागू होता है तथा जिस 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 भाग के संबंध में अंशदानों की अदायगी सही तरह से कर दी गयी है।

कर्मचारी का हिस्सा

नियोजक का हिस्सा

कुल अंशदान

चालानों के ब्योरे :-

क्र.स.	माह	चालान की तारीख	राशि	बैंक और उसकी शाखा का नाम
1.				
2.				
3.				
4.				
5.				
6.				

अदा की गई कुल राशि :रुपर

में घोषित करता हूँ कि

- (क) सभी रिकार्ड तथा रजिस्टर क.रा.बी.अधिनियम, नियमों तथा विनियमों में उल्लिखित उपबंधों के अनुसार बनाये गए हैं ।
- (ख) विवरणी की अवधि के दौरान.....घोषणा प्रपत्र जमा किए गए हैं ।
- (ग) उक्त अवधि के दौरान.....अस्थाई पहचान पत्र प्राप्त हुए हैं ।
- (घ) उक्त अवधि के दौरान.....स्थाई पहचान पत्र प्राप्त हुए हैं ।
- (ङ) उपर्युक्त अवधि के दौरान पात्र बीमाकृत व्यक्तियों कोस्थायी पहचान पत्र वितरित किए गए हैं ।
- (च) उपर्युक्त अवधि के दौरान.....दुर्घटनायें संबधित शाखा कार्यालय को सूचित की गई हैं
- (छ) अवधि के दौरान हमारे द्वारा सीधे नियुक्तकर्मचारियों को व्याप्त किया गया है और इन कर्मचारियों को.....रुपये की कुल मजदूरी अदा की गई है ।
- (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 ।
- (झ)अवधि के दौरान अव्यवहित नियोजक के माध्यम सेकर्मचारी नियुक्त तथा व्याप्त किए गए और इन कर्मचारियों को.....रुपये की कुल मजदूरी अदा की गई ।
- (ञ)अवधि के दौरान अव्यवहित नियोजक के माध्यम से नियुक्त किए गए.....कर्मचारियों को व्याप्त नहीं किया गया तथा इन कर्मचारियों को.....रुपये की कुल मजदूरी अदा की गई ।
- (ट) अंशदान की अदायगी हेतु मजदूरी के निम्नलिखित घटकों को ध्यान में रखा गया है ।
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
- (ठ) अंशदान की अदायगी हेतु मजदूरी के निम्नलिखित घटकों को ध्यान में नहीं रखा गया है ।
- 1.
 - 2.
 - 3.
 - 4.

उपरिलिखित सूचना रिकार्ड पर आधारित है 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 ब्याज सहित देय अंशदान और हजाने की वसूली हेतु कार्रवाई की जा सकेगी ।

स्थान:

नियोजक का पदनाम और हस्ताक्षर

दिनांक

(रबड़ की मोहर सहित)

चार्टर्ड लेखाकार का प्रमाण पत्र

(40 अथवा अधिक कर्मचारियों को नियोजित करने वाले नियोजकों को देना होगा)
प्रमाणित किया जाता है कि मैंने मैसर्स.....की उक्त विवरणी को रिकार्ड एवं रजिस्टर से सत्यापित कर लिया है तथा इसे ठीक पाया है ।

सदस्यता संख्या सहित चार्टर्ड लेखाकार के
हस्ताक्षर एवं मोहर

(कार्यालय प्रयोग के लिए)

1. हकदारी स्थिति चिह्नित ।
2. विवरणी के कॉलम-5 के जोड़ चैक किए और सही पाए गए/सही राशि दर्शायी गयी है ।
3. नियोजक/कर्मचारी अंशदान की अदा की गयी राशि की जांच की गयी और ठीक पायी गयी ।
प्रेक्षण-ज्ञापन संलग्न है ।

प्रतिहस्ताक्षर

उ.श्रे.लि.

मुख्य लिपिक

शाखा अधिकारी