



**EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 ( PARA 36 (1) ) and THE EMPLOYEES' PENSION SCHEME 1985 ( PARA 20(1) ) RETURN OF EMPLOYEES WHO ARE ENTITLED AND REQUIRED TO BECOME MEMBERS OF THE EMPLOYEES' PROVIDENT FUND AND PENSION FUND**



NAME AND ADDRESS OF THE FACT/ESTT. S.V.M Arts & Commerce Women's College, ILKAL - 587125 (587125) CODE NO. KN-21038

INDUSTRY IN WHICH THE FACT/ESTT. IS ENGAGED Education DATE OF COVERAGE 1.7.1987

REGN. NO. OF THE FACTORY/ESTABLISHMENT N.A. DATE FROM WHICH \_\_\_\_\_

EMPLOYEES PENSION SCHEME APPLICABLE 1.11.1986

If Factory/Estt. is covered under E.S.I. Act indicate the code No. allotted under E. S. I. E.S.I. Code No. NIL

If not, furnish the details of the designated Medical Officer of the factory/establishment Name of the designated Medical Officer \_\_\_\_\_

**Specimen signature of the Employer OR Authorised Official**

Sl. No.	Name	Designation	Specimen Signature
1.	<u>Dr. B. M. Telagadi</u>	<u>Principal</u>	<u>[Signature]</u>
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

[Signature]  
**PRINCIPAL**

Remarks if any  
NOTES :

- 1) This Form should be accompanied by declaration in Form-2 by every employee
- 2) Any change in the authorised official/designated Medical Officer should be intimated to the Commission

**S. V. M. Arts & Commerce College for Women, ILKAL**

No. of employees enrolled as members on the date of coverage \_\_\_\_\_



Signature of the employer or authorised official \_\_\_\_\_  
Date and Stamp of Factory/Establishment \_\_\_\_\_

General Secretary  
[Signature]  
Chowdary, Hobli, ILKAL



Sub-Regional Office  
EMPLOYEES STATE INSURANCE CORPORATION  
#15, Arhart Nagar, Sedam Road, Gubarga-583103

C-11 Regd. with a.i.



To  
M/s. SVM VV SANGHA SHREE VIJAYA MAHANTESH ARTS AND COMMERCE WOMENS COLLEGE  
L-22  
MAHANTA GANGOTRI, NEAR BUS STAND

Dated: 21/03/2017

587125

Sub : Implementation of the E.S.I. act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(3)/1(5) of the ESI Act, as amended.

Dear Sir(s),

1. It is informed that under section 1(3) of the ESI Act, 1948 is applicable to all factories covered under the Act within the area where your factory is situated.
2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishments Under Section 1(5) of the Act in this area
3. Under Section 2 A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the Act.
4. On the basis of the particulars in respect of your factory/establishment submitted by you/ on the basis of the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 01/03/2017. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act.
6. You are also requested to submit employer's registration form (form 01) on line, as required under the provisions of sec.2-A of the ESI Act , 1948 read with regulation 10-B of the ESI(General), Regulations, 1950(only in case your Code No. is allotted as a result of Survey by a Social Security Officer of ESI Corporation).
7. For the sake of convenience your factory/establishment has been allotted code No 71000036980001303 which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

TO  
BKN  
228 Mahantesh  
update with  
21/3/2017

SV.M. ARTS & COMMERCE WOMENS COLLEGE  
L-22  
Inward No. 142  
Date 21-03-2017  
In: M.H. Bhalwadi

8. A State wise list of ESI Dispensaries is available on our website [www.esic.nic.in](http://www.esic.nic.in) under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

9. The Corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI Act and Regulations on your part.

10. All the Branches of State Bank of India are authorized to accept the ESI Contribution.

11. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website [www.esic.nic.in](http://www.esic.nic.in) under the link Publications which may be downloaded for wide publicity for the smooth functioning of the Scheme

12. Please indicate your Code No. on all correspondences to avoid delay

13. This is a computer generated letter and does not require any signature.

Yours faithfully,

Asstt./Dy. Director


Encl. : As state above

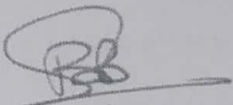
Copy for information and necessary action to:

Name of the principal employer : B B Suggamad

No. of employees : 30

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY

  
PRINCIPAL  
S. V. M. Arts & Commerce  
College for Women, ILKAL

  
Principal  
S. V. M. Arts and Commerce  
Women's College, ILKAL-587125