

**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 revised format and keep it ready in the Branch Office/Regional Offices for 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 and 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 Regulations 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 Certificated/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*

Name of Branch Office _____

Employer's Code No. _____

RETURN OF CONTRIBUTIONS

**EMPLOYEES' STATE INSURANCE CORPORATION
 (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 contribution 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:-

Sr. 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 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 provision as 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

