

In Duplicate

FORM-3

EMPLOYEES' STATE INSURANCE CORPORATION

**Return of Declaration Form
(Regulation 14)**

Name & Address of the Factory Establishment

Employer's Code No.

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I send herewith the Declaration Forms in respect of the employees mentioned below. I hereby declare that every person employed as an employee within the meaning of section 2(9) of the Employee's State Insurance Act, 1948 on in this factory or establishment and in respect of a remuneration not exceeding Rs. 6500/- per month has been included in this list (excepting only those in respect of whom declaration forms have been sent to the Corporation in the past).

Place.....

Signature

Date.....

Designation

Sl. No.	Name of the Employee	Distinguishing No. with the Employer if any	Father's / Husband's Name	Insurance No. allotted by the Corporation (to be entered at the Regional office)
1	2	3	4	5

Encl. Declaration Form.....

Signature

Continuation.....

Designation