



EMPLOYEES' STATE INSURANCE CORPORATION

FORM-01(A)

**FORM OF ANNUAL INFORMATION ON FACTORY/ ESTABLISHMENT COVERED UNDER ESI ACT
(REGULATION 10 C)**

***Employer's Code No.**

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1. Name of the Factory/ Establishment :
2. Complete Postal address of the :
Factory/ Establishment
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.....PIN.....
3. (a) Telephone No., if any..... : (b) Fax No., if any
(c) E-mail address, if any
4. Location of Factory/Establishment :
(a) State (d) Name of Town/Revenue Village
(b) District (Taluk/Tahsil)
(c) Municipality/Ward (e) Police Station
(f) Revenue Demarcation/Hudbast No.....
5. Details of Bank A/c: : (b) Name of Bank and Branch :-
(a) Account No. (i)
(b) Account No. (ii)
(c) Account No. (iii)
6. (a) Income Tax Pan/GIR No.
(b) Income Tax Ward/Circle/Area
7. (a) In case of factory whether License issued :
Under Sec.2(m) (i) or 2(m) (ii) of the
Factories Act, 1948
(b) Power connection No. No. Sanctioned power load Issuing Authority
8. (a) Whether it is Public or Private Ltd. :
Company/ Partnership/ Proprietorship /
Co-operative Society / Ownership (attach
Copy of Memorandum & Articles of
Association/ Partnership Deed/
Resolution).

(b) Give name, present & Permanent : Name Designation Address
residential address of present Proprietor /
Managing Directors, Director/ Managing
Partners, Partners/ Secretary of the Co-
Operative Society.
i)
ii)
iii)
iv)
v)
vi)
vii)

9 Address(es) of the Registered Office/ Head Office/ Branch Office/ Sales Office/ Administrative Office/ other offices if any, with no. of employees Attached with each such office and person Responsible for the office.

: Address as on date	No. of employee Fax No.	Phone No./Funcion	Person responsible for day to day functioning of the office
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(give details on a separate sheet, if required)

10 (a) Whether any work/ business carried out through contractor/ immediate employer :

(b) If yes, give nature of such work/ business :

I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/ Sub-Regional Office, ESI Corporation as soon as such changes take place.

Date: Name & Signature

Place: Designation with seal

(Should be signed by principal employer u/s 2(17) of ESI Act)