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EMPLOYEES' STATE INSURANCE CORPORATION

(To be submitted in Duplicate) **REG. FORM- 3**

RETURN OF DECLARATION FORMS
(REGULATION 14)

Name and address of the Factory or Establishment ……..

……

……

Employer's Code No. | | | |

I am enclosing the Declaration Forms in respect of following employees. I hereby declare that each and every person, employed as an 'employee' within the meaning of Section 2(9) of the Employees' State Insurance Act' 1948 on …… in this factory or establishment and in receipt of a remuneration not exceeding Rs. 10,000/- (excluding remuneration for overtime work) per month have been included in this list (excepting those in respect of whom declaration forms have already been sent to the Corporation in the past).

Date ……

Signature ……

Name in Block letters ……

Place ……

Designation & Seal ……

Sl. No.	Name of the employee	Distinguishing No. with the Employer, if any	Father's or Husband's Name	Insurance No. allotted by the Corporation (to be entered at the Branch Office)
1	2	3	4	5

Signature ……

Enclosures:

1. Declaration forms in respect of the above named employees
2. Continuation sheet(s)