



EMPLOYEES' STATE INSURANCE CORPORATION

FORM -6

REGISTER OF EMPLOYEES (Regulation 32)

Contribution Period : From _____ to _____

Sl. No	Insurance No.	Name of the Insured Person	Name of the dispensary to which attached	Occupation	Deptt. and shift, if any	If appointed or left service during the contribution period, date of appointment/ leaving service	Month _____		
							No. of days for which wages paid/payable	Total amount of wages paid/ payable	Employees' share of contribution
1	2	3	3(A)	4	5	6	7	8	9
Total									
Employers' Share									
Grand Total									
Paid on									

Month _____			Month _____			Month _____		
No. of days for which wages paid/ payable	Total amount of wages paid/ payable (Rs.)	Employees' share of Contribution (Rs.)	No. of days for which wages paid / payable (Rs.)	Total amount of wages paid/ payable (Rs.)	Employees' share of Contribution (Rs.)	No. of days for which wages paid/ payable	Total amount of wages paid/ payable (Rs.)	Employees' share of Contribution (Rs.)
10	11	12	13	14	15	16	17	18
Total			Total			Total		
Employers' Share			Employers' Share			Employers' Share		
Grand Total			Grand Total			Grand Total		
Paid on			Paid on			Paid on		

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Month _____			Month _____			Summary			
No. of days for which wages paid/ payable	Total amount of wages paid/ payable (Rs.)	Employees' share of Contribution (Rs.)	No. of days for which wages paid / payable (Rs.)	Total amount of wages paid/ payable (Rs.)	Employees' share of Contribution (Rs.)	Total No. of days for which wages paid/ payable in Contribution period	Total amount of wages paid/ payable in contribution period (Rs.)	Total Employees' share of Contribution in Contribution period (Rs.)	Daily Wage (26-25) (Rs.)
19	20	21	22	23	24	25	26	27	28
Total			Total						
	Employers' Share			Employers' Share					
	Grand Total			Grand Total					
	Paid on			Paid on					

Note : The figures in Columns 7 to 24 shall be in respect of wage periods ending in a particular calendar month.