



FORM-01 (A)

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

Employer's Code No. _____

1.	Name of the Factory/Establishment	
2.	Complete Postal Address of the Factory/Establishment	
		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	
	b) District	
	c) Municipality/Ward	
	d) Name of Town/Revenue Village (Taluk/Tehsil)	
	e) Police Station	
f) Revenue Demarcation/Hudbast No.		
5.	Details of Bank Account	Name of Bank and Branch
	a) Account No. <input type="text"/>	<input type="text"/>

	Work	
	Person responsible for day to day functioning of the office	(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 00000000000000000000

Name & Signature 00000000000000000000

Place 00000000000000000000..

Designation with seal 00000000000000000000..

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