



Employer�s Code No.

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

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. �������.	000000000000000000

	b) Account No. �������.	006	0000000	00000000	00
	c) Account No. �������.	***	00000000000000000		
6.	a) Income Tax PAN/GIR No.				
	b) Income Tax Ward/Circle/Area				
'•	a) In case of factory whether Licence issued Under Section 2(m) (i) or 2(m) (ii) of the Factories Act, 1948				
	b) Power Connection No.				
	No. Sanctioned Power Load Issuing Authority				
•	a) Whether it is Public or Private Ltd., Company/ Partnership/Proprietorship/Cooperative Society/ Ownership (attach copy of Memorandum and Articles of Association/Partnership Deed/ Resolution				
	b) Give name, present and permanent residential address of present Proprietor/Managing Directors,	i)	Name	Designation	Address
	Director/ Managing Partners, Partners/Secretary of the Cooperative Society.	ii) iii)			
		iv)			
		v)			
		vi) vii)			
	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.	VII)			
	Address as on Date				
	No. of Employee				
	Phone No./Fax No.				

	Work	
	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.

Place ���������.

Designation with seal �������.

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