

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.	Locatio	Location of Factory/Establishment	
5.	a) State b) District c) Municipality/Ward d) Name of Town/Revenue Village (Taluk/Tehsil) e) Police Station f) Revenue Demarcation/Hudbast No. Details of Bank Account Name of B		Name of Bank and Branch
	a) Account No. ������.		*****
	b) Account No. ������.		*****
	c) Acc	count No. ������.	****
6.	a) Inco	ome Tax PAN/GIR No.	
	b) Inco	ome Tax Ward/Circle/Area	
7.	•	case of factory whether Licence issued Under tion 2(m) (i) or 2(m) (ii) of the Factories Act,	
	b) Pow	ver Connection No.	

www.esic.nic.in/act-rti/Form01-A.htm

No.

vii)

Sanctioned Power Load Issuing Authority

- 8. 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, Director/ Managing Partners, Partners/Secretary of the Cooperative Society.

i) Name Designation
ii)
iii)
iv)
v)
vi)

 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

Phone No./Fax No.

Work

Person responsible for day to day functioning of the office

(Give details on a separate sheet, if required.)

**Address** 

- 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  $\diamondsuit \diamondsuit .$  Designation with seal  $\diamondsuit \diamondsuit .$ 

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