

Annexure-1

Form-F

(See Rule 6)

STATEMENT REGARDING CONTRIBUTION

From:

To:

The Welfare Commissioner,
 Andhra Pradesh Labour Welfare Board,
 D.No. 33-7-6 & 33-4-414, paturi's pride,
 Papaiahstreet X Roads, Seetharampuram,
 Vijayawada-520002.

As required under Rule 5 or Andhra Pradesh Labour Welfare Fund Rules, 1988, I am furnishing below the necessary particulars in relation to the amount of Rs.....(Rupees.....) tendered herewith as the total amount.....(words here) payable by my establishment both as employee's as well as employer's contribution for the year ending 31st December.....(mention the year here).

A separate list containing the names of employees engaged for the period, amount of monthly wages drawn, by each of them as also designation of each of them is attached here with.

PARTICULARS

| | | |
|-----|---|--|
| 1. | Name of the establishment with full address: | |
| 2. | Whether a factory or motor transport undertaking /commercial establishment/ or any other class of Establishment specified by a Government Notification: | |
| 3. | Total number of employees employed on Preceding 31 st December: | |
| 4. | Total number of employees from whom Contributions have been deducted for the period: | |
| 5. | Total number of employee's contributions tendered for the period: | |
| 6. | Total number of employer's contributions tendered for the period: | |
| 7. | Grand Total of both the employee's as well as the employer's contributions deducted and tendered respectively for the period: | |
| 8. | Whether full payment of the amount due to the Period has been tendered: | |
| 9. | Amount of unpaid balance, if any, and the reasons therefore. | |
| 10. | Mode of payment whether in cash or by Bank demand Draft or money order? If by money order, mention postal receipt number and date thereof. If by demand draft, mention name, branch and address of the bank on which drawn, D.D. number and Date: | |
| 11. | Remarks, if any: | |

I hereby declare that the before mentioned particulars are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature and Designation or
 Description of the post held
 With official seal.