

FORM 5
Employee's State Insurance Corporation
RETURN OF CONTRIBUTIONS
(Regulation 26)

Employer Code No. : 35-2484-34
Name of Branch Office : Sakinaka

Name and address of the establishment : **SENSYS TECHNOLOGIES PVT. LTD.**
1 & 2, Manohar Bldg, KV Chitale Marg, Dadar (West), Mumbai - 400097

Particulars of the principal employer : **Name :**
Designation :
Residential address :

Period : From April 2007 to March 2008

I furnish below the details of the employer's share of contributions in respect of the undermentioned insured persons. I hereby declare that the return includes every employee, employed directly or through an immediate employer or in connection with the work of the factory / establishment or purchase of raw materials, sale or distribution of finished products, etc. to whom the contribution period to which this return relates, applies and that the contributions in respect of employer's and employee's share have been correctly paid in connection with the provisions of the Act and regulations relating to the payment of contributions, vide challans detailed below:

Total contribution amounting to Rs. : 162,756.00 comprising of Rs. 119,263.00 as employer's share and Rs. 43,493.00 As employee's share (Total of col. 12 of the return) paid as under:

Challan Details :

Sr. No.	Month	Date of Challan	Amount	Name of the Bank and Branch
1				
Total				

Important instructions :

1. If any I.P. is appointed for the first time and / or leaves service during the contribution period, indicate "A.....(date)" and / or "L.....(date)", in the remarks column (No.8). (Please indicate the name of the dispensary to which the insured person is attached in the case of new entrants and if there is change in the name of the dispensary indicate name of new dispensary in the remarks column.)
2. Please indicate insurance numbers in chronological ascending order.
3. Figures in columns 4,5 and 6 shall be in respect of wage periods ended during the contribution period.
4. Invariably strike totals of columns 4, 5 and 6 of the return.
5. No overwriting shall be made. Any corrections should be signed by the employer.
6. Every page of this return should have full signature and rubber stamp of the employer.
7. 'Daily wages' in column 7 of the return shall be calculated by dividing figures in column 5 by figures in column 4, to two decimal places.

For * CP ending 31st March, due date is 12th May

For CP ending 30th September, due date is 11th November

I declare that

- (a) All the records and registers have been maintained as per provisions contained in ESI Act, Rules & Regulations framed therein.
- (b) During the period of return _____ No. of Declaration forms have been submitted.
- (c) During the above period _____ No. of TICs have been received.
- (d) During the above period _____ No. of PICs have been received.
- (e) During the above period _____ No. of PICs have been distributed amongst the eligible Ips.
- (f) During the above period _____ accidents have been reported to the concerned branch office.
- (g) During the period _____ No. of employees directly employed by us have been covered and a total wages of Rs. _____ have been paid to such employees.
- (h) During the period _____ No. of employees directly employed by us have not been covered and a total wages of Rs. _____ have been paid to such employees.
- (i) During the period _____ no. of employees employed through immediate employer has been covered and a total wages of Rs. _____ have been paid to such employees.
- (j) During the period _____ No. of employees employed through immediate employer have not been covered and a total wages of Rs. _____ have been paid to such employees.
- (k) Following components of wages have been taken into consideration for the purpose of payment of contribution-
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- (l) Following components of wages have not been taken into consideration for the purpose of payment of contribution-
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

The above mentioned information is based on records and any information if found incorrect will render me liable for prosecutions under provisions of ESI Act and action for recovery of contribution due along- with interest and damages as per provisions of the ESI act.

Place : _____

Date : _____

Signature & Designation of the Employer (with rubber stamp)

CERTIFICATE BY CHARTERED ACCOUNTANT

(To be submitted in case of employers employing 40 or more employees)

Certified that I have verified the above from The records & registers of
M/s. _____ and found it to be correct

Signature and Seal of the Chartered Accountant with Membership No.

Name and address of the establishment :

SENSYS TECHNOLOGIES PVT. LTD.

1 & 2, Manohar Bldg, KV Chitale Marg, Dadar (West), Mumbai - 40

Employer Code No. : 35-2484-34

Period : From April 2007 to March 2008

Sr. No.	Insurance No.	Name of Insured Person	No. of Days for which wages Paid	Total amount of wages paid (Rs.)	Employees contribution deducted (Rs.)	Average Daily Wages (Rs.)	Whether still continues working	Remarks* Date of Appointment "A" Date of Leaving "L"	Code No. / Name of IMP
1	9741005	Nadeem Maniar	360	84640.00	1829.00	235.11	Yes	A-04/01/2002	
2	9767123	Prakash More	366	73446.00	1555.00	200.67	Yes	A-04/01/2001	
3	10218246	Nisha Shukla	345	46490.00	986.00	134.75	Yes	A-16/04/2007	
4	10218552	Sujata Dalvi	366	67019.00	1428.00	183.11	Yes	A-08/01/2006	
5	10218553	Sanika Sunil Kadam	313	75587.00	1565.00	241.49	Yes	A-13/05/2007	
6	10456075	Sanika Swapnil Parab	139	41020.00	719.00	295.11	No	L-17/01/2008	
7	10456196	Vishakha Vitthal Teli	197	53361.00	934.00	270.87	Yes	A-10/09/2007	
8	11038380	Naresh Dalmia	366	68446.00	1465.00	187.01	Yes	A-04/01/2002	
9	11038381	Dinar Jaokar	366	86838.00	1884.00	237.26	Yes	A-04/01/2003	
10	11038382	Maruti Timgire	356	56286.00	1216.00	158.11	Yes	A-09/01/2004	
11	11038383	Rajesh Barle	366	50666.00	1094.00	138.43	Yes	A-10/01/2004	
12	11038384	Prakash Gotal	366	56810.00	1237.00	155.22	Yes	A-10/01/2005	
13	11038385	Gangacharan Balmiki	366	56936.00	1237.00	155.56	Yes	A-10/01/2005	
14	11038386	Vijay Gotal	354	48082.00	1056.00	135.82	Yes	A-10/01/2005	
15	11038387	Mahadev Yadav	366	65779.00	1416.00	179.72	Yes	A-10/01/2005	
16	11038388	Vilas Chauhan	363	47903.00	1034.00	131.96	Yes	A-10/01/2005	
17	11038389	Santosh Kharat	366	88205.00	1860.00	241.00	Yes	A-01/04/2006	
18	11038390	Rajendra Gopal	366	51785.00	1103.00	141.49	Yes	A-01/09/2006	
19	11038391	Santosh Manik Pawar	340	41365.00	890.00	121.66	Yes	A-01/04/2007	
20	11038392	Mahindra Baban Kavankar	360	39309.00	837.00	109.19	Yes	A-01/04/2007	
21	11040334	Ravichand Gotal	366	50102.00	1066.00	136.89	Yes	A-10/01/2004	
22	11040335	Sunil Narang	366	68329.00	1464.00	186.69	Yes	A-02/01/2005	
23	11040336	Ramraksha Yadav	366	65887.00	1416.00	180.27	Yes	A-10/01/2005	
24	11040337	Mahesh Pansare	366	48611.00	1045.00	132.82	Yes	A-10/01/2005	
25	11040338	Naresh Chauhan	337	56944.00	1233.00	168.97	Yes	A-10/01/2005	
26	11040339	Umesh	359	50617.00	1071.00	140.99	Yes	A-02/04/2007	
27	11040340	Aslam Amin Shaikh	183	59269.00	1038.00	323.87	Yes	A-25/04/2007	
28	11040341	Rakesh Shantaram Chavan	294	36480.00	770.00	124.08	Yes	A-11/06/2007	
29	11041498	Santosh A Pawar	259	38731.00	679.00	149.54	Yes	A-02/07/2007	
30	11041499	Ajay Appasaheb Narvekar	271	44715.00	782.00	165.00	Yes	A-02/07/2007	
31	11043827	Mohan V Parab	218	28452.00	501.00	130.51	Yes	A-27/08/2007	
32	11045026	Zujemari Leo Rodrigues	175	47130.00	826.00	269.31	Yes	A-08/10/2007	
33	11046605	Raghav Shriharihareshwar das vaidya	140	27349.00	479.00	195.35	Yes	A-07/11/2007	
34	97941004	Rajeshkumar Shukla	366	82946.00	1773.00	226.63	Yes	A-06/01/1999	
35		Rupesh Krishna Cheulkar	183	65658.00	1044.00	358.79	Yes	A-01/09/2005	
36		Jagdish B Rathod	168	63512.00	965.00	378.05	Yes	A-08/02/2006	
37		Amol Tayade	183	43380.00	762.00	237.05	Yes	A-05/04/2006	
38		Sachin S Chavan	183	61101.00	930.00	333.89	Yes	A-01/03/2007	
39		Indrajeet Yadav	116	17358.00	304.00	149.64	Yes	A-05/12/2007	
Total				2156544.00	43493.00				

Name and address of the establishment :

SENSYS TECHNOLOGIES PVT. LTD.

1 & 2, Manohar Bldg, KV Chitale Marg, Dadar (West), Mumbai - 40

Employer Code No. : 35-2484-34

Period : From April 2007 to March 2008

Sr. No.	Insurance No.	Name of Insured Person	No. of Days for which wages Paid	Total amount of wages paid (Rs.)	Employees contribution deducted (Rs.)	Average Daily Wages (Rs.)	Whether still continues working	Remarks* Date of Appointment "A" Date of Leaving "L"	Code No. / Name of IMP
* Date of Appointment and leaving the job may be given in remarks column.									
Signature of the Employer									
(FOR OFFICIAL USE)									
1. Entitlement position marked									
2. Total of col. 5 of Return Checked and found correct/correct amount is indicated.									
3. Checked the amount of Employer's / Employee's contribution paid which is in order / Observation memo. Enclosed									
U. D. C.			Head Clerk			Counter Signature _____		Branch Officer	