



क्षेत्रीय कार्यालय :: अंध्रप्रदेश / REGIONAL OFFICE :: ANDHRA PRADESH
कर्मचारी राज्य बीमा निगम / EMPLOYEES' STATE INSURANCE CORPORATION,
5-9-31/1-B, बशीरबाग, हैदराबाद /, BASHEER BAGH HYDERABAD - 063.
Website: www.esic.nic.in / www.apesic.nic.in/E-mail:rd-ap@esic.nic.in
Ph No.040-23266010, 040-23266016, Fax No.04023266025

Dt. 12-11-2010

AP/Ins. VII/52-00-031237-000-1302

To
M/s Warangal Public School,
Hunter Road,
Hanamkonda,
Warangal(D).

Sir / Madam,

Sub: Compliance with the provisions of ESI Act, 1948 and Regulations framed there under (as amended up to date)

Your Factory/Establishment/Educational Institution/hospital under the name and style of M/s Warangal Public School, is covered under the ESI Act, 1948 and Regulations framed there under and Code No. 52-00-031237-000-1302 has been allotted to the above Factory/Establishment

You, being the Owner/Partner/Occupier/Director/Secretary/Manager and person responsible for supervision and control of the factory/establishment and therefore being principal employer, are required to comply with the provisions of ESI Act and Regulations in respect of the employees of the Factory/Est./Educational Institution/Hospital but it is observed that you have failed to make such compliance as mentioned below:

1. Payment of Contribution in respect your employees for the period from 14-10-08 to 30-9-10 within the specified time as required under Section 40 of the ESI Act, 1948, read with Regulations 31 of ESI (General) Regulations, 1950.
2. Submission of Return of contributions (Form-5) in respect of your Employees' for the contribution period expired on 3/09/09, 3/10 to the appropriate Office i.e., Branch Office of ESI Corporation, situated at Warangal Within the specified time and manner as required under Regulation 26 of the ESI (General) Regulations, 1950.
3. Production of Records along with relevant ledgers and other connected records as required under section 45(2) of the ESI Act, 1948 for the purpose of inspection before the Insurance Inspector, who visited your Factory / Establishment / Head Office of the Factory / Establishment with prior intimation on _____ & _____ for the period from _____ to _____
4. Failed to obtain the requisite particulars required for the Declaration Form (FORM-1) and submit the Declaration Form with Return of Declaration Form (FORM-3) in duplicate to the appropriate office of the Corporation within the stipulated time as required Under Regulations 11,12 & 14 of ESI (General) Regulations, 1950 read with Section 38 of the ESI Act, 1948 in respect of _____ employees.

In this connection, you are informed that non-compliance with the provisions of the Act attract legal action under section 45-A and 45© of the Act. The defaulting employers also render themselves liable for prosecution under section 85 of the ESI Act. Besides, the delayed payment/non-payment of contribution entails levy of damages and interest under the ACT

I have therefore request you to start compliance with all the provisions of the Act to avoid unpleasant legal action and also to enable your employees to avail the statutory benefits provided under the ESI Scheme.

Yours faithfully,

DEPUTY DIRECTOR.

Copy to Branch Manager, ESIC Warangal with a request to furnish the position regarding submission of D.F./R.C. in respect of the above employer per return of post.

LOCAL OFFICE : WARANGAL



Employees' State Insurance Corporation



No. 52-31237-107/BO/WL

Dated : 12.06.2009

To

M/s. Warangal Public School,
(Ekashila Educational Society)
Hunter Road,
HANUMAKONDA,
Warangal.

Sir,

Sub : Compliance with the provisions of the E.S.I. Act - Submission of Declaration Forms - Reg.

Ref : Regional Office Lr. No. 52-31237-107, Dt. 4.5.2009
Dt. _____

I have to invite your attention to the Regional Office letter cited above wherein it was already intimated to you that your factory/establishment stand covered with effect from 14.10.2008 you are also intimated that you may approach this office and obtain the necessary forms.

Incidentally, I have to inform you that so far no declaration forms are received in respect of any one of the employees employed by in your factory even though a period of 15 days lapsed. In this connection I have to invite your attention to the Regulation 11 to 14 which clearly lay down the legal obligations cast upon the employee and employer in this regard. It is thus very clear that the Declaration Form should have been sent to this Local Office by this time.

Hence, I once again advise you to please obtain and transmit the Declaration Forms forth, with to avoid further unpleasant legal complications and also inconvenience to the Employees. Please note that Declaration Forms are required to be submitted alongwith postcard-size photograph of the concerned employee with his family i.e. parents; spouse; children and self.

Yours faithfully,

(T. MADHU BALA)
BRANCH MANAGER

शाखा प्रबंधक / BRANCH MANAGER
क.रा.भी. निगम / E.S.I. Corporation
वरंगल / WARANGAL.

शाखा कार्यालय: कर्मचारी राज्य बीमा निगम, वरंगल
Branch Office: E.S.I. Corpn., E.S.I. Hospital Bhavan
Industrial Colony, Warangal-506 013 (A.P)

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निगम हिन्दी पत्राचार का स्वागत करता है

पंजीकृत पावती देय
Registered AD
सी/C-11

कर्मचारी राज्य बीमा निगम

EMPLOYEES' STATE INSURANCE CORPORATION

क्षेत्रीय कार्यालय / REGIONAL OFFICE ————— HYDERABAD —————

संख्या/No. 52-31237-107

दिनांक/Date: 10/4/2009
4-5-09

सेवा में/To
मैसर्स/M/s. WARANGAL PUBLIC SCHOOL,
(EKASHILA EDUCATIONAL SOCIETY)

HUNTER ROAD,
HANAMKONDA, WARANGAL

विषय: कर्मचारी राज्य बीमा अधिनियम, 1948 का कार्यान्वयन और (यथा-संशोधित) अधिनियम की धारा 2(12)/1(5) के अधीन कारखानों तथा स्थापनाओं के कर्मचारियों का पंजीकरण।

Sub: Implementation of the E.S.I. Act, 1948 and Registration of Employees of the Factories and Establishments under Section 2(12)/1(5) of the Act as amended.

-oOo-

प्रिय/Dear Sir/s,

- आपको सूचित किया जाता है कि कर्मचारी राज्य बीमा अधिनियम, 1948 की धारा 1(3) के अधीन केन्द्रीय सरकार ने अधिसूचना संख्या..... दिनांक..... द्वारा..... क्षेत्र में सभी कारखानों/स्थापनाओं को अधिनियम के अधीन व्याप्त करने हेतु अधिनियम के उपबंध बनाए हैं।
It is informed that under Section 1(3) of the E.S.I. Act, 1948 the Central Government has vide Notification No. dated made the provisions of the Act applicable to all factories/establishments covered under the Act within the (Area)
- यह भी सूचित किया जाता है कि समुचित सरकार ने अधिनियम की धारा 1(5) के अधीन अधिसूचना संख्या..... दिनांक..... द्वारा..... तारीख से अन्य स्थापनाओं पर अधिनियम के उपबंधों/धाराओं का विस्तार कर दिया है।
It is further informed that the appropriate Government has extended the provisions of the Act to other establishment under Section 1(5) of the Act with effect from 14-10-2008 (vide notification No. 582 dated 14-10-2008)
- अधिनियम की धारा 2-क के अधीन ऐसे कारखाने/स्थापन को अधिनियम के अधीन पंजीकृत करना अनिवार्य है तथा अध्याय 4 के अन्तर्गत प्रधान नियोजक की यह जिम्मेदारी हो जाती है कि वे अपने सभी कर्मचारियों को पंजीकृत कराए तथा अधिनियम के अधीन व्याप्त सभी कर्मचारियों के अंशदान की अदायगी करें।
Under Section 2-A of the Act such a factory/establishment is required to register itself under the Act and chapter IV thereof casts a responsibility on the principal employer thereof to insure his employees and pay contributions in respect of these employees covered under the Act.
- आपके द्वारा भेजे गए आपके कारखाने/स्थापन के विवरण के अनुसार दिनांक..... की बीमा निरीक्षक/शाखा कार्यालय प्रबन्धक द्वारा आपके कारखाने/स्थापन की निरीक्षण संबंधी निरीक्षण रिपोर्ट के अनुसार आपका कारखाना/स्थापन दिनांक..... में अधिनियम की धारा 2(12)/1(5) की सीमा में आता है। फिर भी यदि, बाद में जाँच करने पर यह बात सामने आती है कि आपका कारखाना/स्थापन उल्लिखित तारीख से पहले व्याप्ति योग्य था तो उस पिछली तारीख से अधिनियम की धाराओं का अनुपालन करना आपकी जिम्मेदारी होगी।
On the basis of the particulars in respect of your factory/establishment submitted by you, the report of the inspection conducted by the Insurance Inspector/Branch Office Manager who inspected your factory/establishment on 17/02/2009 your factory/establishment falls within the purview of Section 2(12)/1(5) of the Act with effect from 14/10/2008 (A-DAY). In case, however, subsequent facts reveal that your factory/establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provision of the Act from such earlier date.
- आपसे अनुरोध है कि आप अधिनियम के अधीन व्याप्ति की तारीख से आप अपने कारखाने/स्थापन के कर्मचारियों के घोषण-पत्र भरने तथा उनके पंजीकरण और अंशदान की अदायगी व रिकार्ड के अनुरक्षण संबंधी कार्रवाई तुरन्त करें तथा रिकार्ड आदि का अनुरक्षण करें।
It is requested to take immediate steps for registration of your employees by submitting Declaration forms, payment of contribution, maintenance of record etc., from the date of coverage of your factory/establishment under the Act.
- आपकी सुविधा के लिए कारखाने/स्थापन को कूट संख्या..... आबंटित की गई है जिसका इस कार्यालय के साथ पत्राचार करते समय प्रयोग किया जाए तथा उक्त संख्या सभी फार्मों में यथास्थान दर्शायी जाए। में स्थित निगम के शाखा कार्यालय को अनुदेश भेज दिए गए हैं कि वे आपके कर्मचारियों के पंजीकरण से संबंधित प्रक्रिया में आपकी हर संभव सहायता करें। कोई कठिनाई होने पर अथवा योजना से संबंधित किसी अन्य प्रयोजन के लिए आप उपरिलिखित शाखा कार्यालय प्रबन्धक से संपर्क करें जो आपकी इस संबंध में हर संभव सहायता करेंगे।

(P.T.O.)

For the sake of convenience your establishment has been allotted Code No. **52-31227** - [REDACTED]
 may kindly be used in all communications sent to this office and on all forms at the place indicated in the purpose of the Corporation situated at **WARANGAL** has been instructed to render necessary assistance in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

7. अनुरोध है कि बीमा चिकित्सा व्यवसायियों/राज्य बीमा औषधालयों की सूचियों का अपने कारखानों/स्थापन में भरसक प्रचार करें ताकि आपके कर्मचारी अपने राज्य बीमा औषधालयों/बीमा चिकित्सा व्यवसायियों का चयन कर सकें। अपेक्षित फार्म आदि उपरिलिखित शाखा कार्यालय से प्राप्त करें जिसके साथ आपके सभी कर्मचारी भी सम्बद्ध होंगे।
 It is requested that publicity may kindly be given to list of insurance medical practitioners, State Insurance Dispensaries to enable your employees to choose their State Insurance Dispensaries/Insurance Medical Practitioner. Required forms etc., may please be collected from the Branch Office mentioned above to which all your employees will also be attached.
8. निगम के कर्मचारी, कर्मचारी राज्य बीमा अधिनियम, 1948 के अधीन आपको अपने कर्तव्यों और दायित्वों के निर्वहन हेतु हर संभव एक आवश्यक सहायता सहर्ष प्रदान करेंगे। मुझे विश्वास है कि आप कर्मचारी राज्य बीमा अधिनियम तथा विनियम के उपबंधों का समय से अनुपालन करेंगे।
 The Corporation Officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948, and I am confident of prompt and early compliance under the provisions of the ESI Act and Regulation on your part.
9. कर्मचारी राज्य बीमा अंशदान स्वीकार करने के लिए प्राधिकृत बैंक शाखाओं की एक सूची संलग्न है। आप अपनी सुविधानुसार इन शाखाओं में से कोई एक शाखा चुनने की कृपा करें और इसकी सूचना इस कार्यालय को तथा भारतीय स्टेट बैंक की संबंधित शाखा को भेज दें तथा केवल उक्त शाखा में कर्मचारी राज्य बीमा राशि जमा कराएँ। यदि इस पत्र की प्राप्ति के 15 दिन के अन्दर आपसे कोई सूचना प्राप्त नहीं होती है तो जिस अधिकृत शाखा विशेष में आपने अंशदान की राशि जमा कराई होगी उसे आपके कारखाने/स्थापन के लिए "नामित शाखा" मन लिया जाएगा।
 A list of Bank Branches who are authorised to accept ESI contributions is enclosed. You may choose one of the Branches convenient to you, under intimation to this office and to the concerned branch of the State Bank of India and deposit the ESI dues in that branch only. In case no intimation is received within 15 days of the receipt of this letter, the amount of contribution deposited in one of the specified branch would be considered as "Nominated Branch" for your factory/establishment.
10. योजना के अन्तर्गत उपलब्ध/हितलाभो नियोजक आदि के उत्तरदायित्वों की विवरणिका/ईशतहार इसके साथ इस निवेदन के साथ संलग्न है कि योजना के बेहतर कार्यचालन के लिए इसका व्यापक प्रचार करें।
 A brochure/leaflet containing benefits available under the scheme and obligation of the employer etc., is enclosed herewith with request to give wide publicity towards smooth functioning of the scheme.
11. कृपया विलंब से बचने के लिए, सभी पत्राचार में, अपनी कृत संख्या का उल्लेख करें।
 Please indicate your Code No. on all correspondences to avoid delay.

E-MAIL : www.esic.nic.in

अनुलग्नक/Encl : As stated above

प्रतिलिपि निम्नलिखित को सूचना तथा आवश्यक कार्रवाई हेतु प्रेषित:
 Copy for information and necessary action to:

१. प्रबंधक, शाखा कार्यालय/The Manager, Branch Office

WARANGAL

२. बीमा निरीक्षक

The Insurance Inspector **WARANGAL** प्रभाग/Division

प्रधान नियोजक का नाम

Name of the Principal Employer

कर्मचारियों की संख्या

No. of Employees

कारखाना लाइसेंस संख्या यदि कोई हो

Factory Licence No. if any

CAP. V. LAXMIKANTHA RAO, CORRESPONDENT

PH. NO:

45

3. **C-6 BRANCH, REGIONAL OFFICE, HYDERABAD**

कृपया सुनिश्चित करें : पूर्ण सामाजिक सुरक्षा के लिए सभी कामगारों को क.रा.बी. में बीमांकित कराएं।
ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY

भवदीय/Yours faithfully,

उप निदेशक/DY. DIRECTOR

शारदा मंजूनाथ
SHARADA MANJUNATH
 सहायक निदेशक
ASST. DIRECTOR

उप निदेशक/DY. DIRECTOR

शारदा मंजूनाथ
SHARADA MANJUNATH
 सहायक निदेशक
ASST. DIRECTOR