

**EMPLOYEE'S STATE INSURANCE CORPORATION**

**Employer's Name and Address:** A.G.Patil Polytechnic Institute P

**Employer's Code No.:** 1234

**Period From:** Apr/2012

Sr.No.	Insurance No.	Name of Insured Person	No. of Days for which wages paid	Total amount of wages paid (Rs.)	Employee's Contribution Deducted(Rs.)	Average Daily Wages (Rs.)	Whether still continues working	Dispensary	Remarks
1	2	3	4	5	6	7	8	9	10
1		Mr. Awate Vijay Ramchandra	31	28200	494	910			
2		ihairamdgi Shivalingappa Kash	62	27200	476	439			
3		. Hiremath Santosh Gurulinga	92	40890	716	444			
4		r. Jodmote Mallappa Malsiddl	111	20671	362	186			
5		Mr. Ligade Sumeet Sangappa	142	32200	564	227	NO		
6		Mr. Maitri Mahesh Mallikarjur	170	24718	433	145			
7		lr.Kandikatala Onkar Pandurar	201	27200	476	135			
8		Mr.Mudagi Sanjay Laxman	231	26323	461	114			
9		Mrs.Lanke Suchita Kailas	264	58747	1028	223			
10		Ms. Kattimani Snehal Sunil	295	27200	476	92			
11		Ms.Alkanthi Sarita Basappa	326	27200	476	83			
12		Ms.Birajdar Laxmi Mahadev	357	27200	476	76			
13		Ms.Konde Vijaylaxmi Sidharar	388	27200	476	70			
14		mbargi Chamaladevi Jagdishch	419	27200	476	65			
15		Ms.Rathod Savita Baburao	450	27200	476	60			
16		Ms.Shinde Ashwini Jalindar	481	27200	476	57			
17		Ms.Vidur Sujata Dasopant	506	21935	384	43			
18		Pramila	535	600800	10514	1123			

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<b>TOTAL</b>			5061	1099284	19240	4492			

\*Date of appointment and leaving the job may be given in remarks column.

Signature of the Employer

**(FOR OFFICE 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

Counter Signature \_\_\_\_\_

U.D.C.

Head Clerk

Branch Officer