



EMPLOYEES' STATE INSURANCE CORPORATION

FORM – 01(A)

FORM OF ANNUAL INFORMATION ON FACTORY / ESTABLISHMENT COVERED UNDER ESI ACT (REGULATION 10 C)

*Employer's Code No.

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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. Location of Factory/ Establishment :
 (a) State (d) Name of Town/ Revenue Village
 (b) District (Taluk/Tahsil)
 (c) Municipality/Ward (e) Police Station
 (f) Revenue Demarcation/ Hudbast No.
5. Details of Bank A/c.: : (b) Name of Bank and Branch:-
 (a) Account No..... (i)
 (b) Account No..... (ii)
 (c) Account No..... (iii)
6. (a) Income Tax PAN/GIR No.
(b) Income Tax Ward/Circle/Area
- 7(a) In case of factory whether Licence issued :
 Under Section 2(m) (i) or 2(m) (ii) of the
 Factories Act, 1948
- (b) Power connection No. No. Sanctioned power load Issuing Authority
- 8- (a) Whether it is Public or Private Ltd. :
 Company/ Partnership/ Proprietorship/ Co-
 operative Society/Ownership (attach copy of
 Memorandum & Articles of Association/
 Partnership Deed/ Resolution).
- (b) Give name, present & permanent : Name Designation Address
 residential address of present
 Proprietor/Managing Directors, Director/
 Managing Partners, Partners/ Secretary of the
 Co-operative Society.
 i)
 ii)
 iii)
 iv)
 v)
 vi)
 vii)

9- Address(es) of the Registered Office/ Head : Address No. of employee Phone No./ Function Person responsible
Office/ Branch Office/ Sales Office/ as on date Fax No. for day to day
Administrative Office / other offices if any, with functioning of the
no. of employees attached with each such office
office and person responsible for the office.

10.(a) Whether any work/ business carried out (give details on a separate sheet, if required)
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.

Date **Name & Signature**

Place **Designation with seal**

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