

**FORM OF ANNUAL INFORMATION OF FACTORY/
ESTABLISHMENT COVERED UNDER ESI ACT
(Regulation 10C)**

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
- b. District
- c. Municipality/Ward
- d. Name of Town/
Revenue Village (Taluka/Tahsil)
- e. Police Station
- f. Revenue Demarcation/ Hudbast No
- 5. Details of Bank A/c
- a. Account No. (1)
- b. Account No. (1)
- c. Account No. (1)
- (b) Name of Bank and Branch
- 6. a. Income Tax PAN/GIR No.
- b. Income Tax Ward/Circle/Area

7. In case of factory whether Licence issued

under section 2(m)(i) or 2(m)(ii) of the Factories Act, 1948

Power connection	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).

	Name	Designation	Address
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
(vii)			

b. Give name, present and permanent residential address of present Proprietor/ Managing Director, Directors/Managing Partner, Partners/Secretary of the Co-operative Society

9. Address(es) of the Registered Office/Head Office/Branch Office/Sales Office/Administrative Office/other offices if any, with no. of employees attached with each such office and person responsible for the office

Address as on Date	No. of employees	Phone No./ Fax No.	Work	Person responsible for day to day functioning of the office

10. a. Whether any work/business carried out 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 _____