



EMPLOYEES' STATE INSURANCE CORPORATION
Return of Declaration Form
Regulation 14

Name & Address of Factory or Establishment
UNICON EQUIPMENT CO.
2C TOY CITY MUR-II GREATER NOIDA

Employer's Code No. 67000148160000699

I send herewith Declaration Forms in respect of the employees mentioned below. I hereby declare that every person employed as an employee within the meaning of Section 2(9) of the Employees' State Insurance Act, 1948 on in this factory or establishment and is respect of a remuneration not exceeding Rs. 15,000/- (excluding remuneration for overtime work) per month has been included in this list (excepting only those in respect of whom declaration forms have been sent to the Corporation in the past).

Place Local Office
Date 29/1/2024
Designation

Sl No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date	Aadhaar Status	
							Self	Dependant
1	BHAGYANARAYAN MAH	6720135018	--	--	NO	15-06-2021	Not Seeded	Not Seeded
2	DHARMENDRA PRASAD	6721271578	--	--	NO	13-07-2022	Not Seeded	Not Seeded
3	Mohammad Ali	6710162438	--	--	NO	28-03-2012	Seeded	Not Seeded
4	RAM KUMAR	6713045403	--	--	NO	28-03-2012	Not Seeded	Not Seeded
5	RAVIN KUMAR DAS	6719002529	--	--	NO	11-01-2020	Not Seeded	Not Seeded
6	ROHIT	6713045392	--	--	NO	06-08-2018	Not Seeded	Not Seeded
7	SHANKAR RAY	6710162435	--	--	NO	17-12-2020	Not Seeded	Not Seeded