

REGIONAL OFFICE EMPLOYEES'STATE INSURANCE CORPORATION ESI HOSPITAL COMPLEX, SECTOR -2, PARWANOO (H.P).

NO. HP.14-38492-0602/3737

Date: 19.02.10

To

M/s Climatrol Corporation ,
Nahan Road , Mainthpal ,
Kala Amb, Distt.-Sirmour (H.P.)-173030.

Sub: -

Implementation of the ESI Act, 1948-Registration of factories and Establishments under section 2(12)/1(5) of the ESI Act, 1948 as amended.

Dear Sir (s).

- I. I am to say that under Section 1(3) of the Employees' State Insurance Act, 1948, the Central Government has vide notification No. S-38013/20/98-S.S.-I dated 16/11/1991 made the provisions of the Act applicable to the factories covered under the Act within the (Area) Kaia Amb (ILP.)
- 2. I have further to say that the appropriate Government has extended the provisions of the Act to other establishments under section 1 (5) of the ESI Act in the State of Himachal Pradesh.
- 3. Under Section 2-A of the Act, such a factory/estt, is required to be registered under the Act and chapter IV thereof casts a responsibility on the Principal Employer thereof to ensure registration of its employees and pay contribution in respect of such employees covered under the Act
- 4. On the basis of the particulars furnished by you in 01-Form/survey of your factory conducted by our area inspector your factory/estt, falls within the purview of section 2(12)/1(5) of the Act with effect from 01.05.09 Provisionally. In case, however, subsequent fact reveals that your factory was coverable from an earlier date, you will be liable to comply with the provisions of the Act from such earlier date.
- 5. You are requested to take immediate steps for registration of your employees by filling in Declaration forms and payment of contribution, maintenance of records etc, from the date of coverage of your factory/establishment under the Act.
- 6. For the sake of convenience, your factory has been allotted code No. HP.14-38492-0602 which should be used in all communication sent to this office and all forms at the places indicated for the purpose. The Branch Office of the Corporation situated at Kala Amb has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty, you may seek necessary assistance from the Manager Branch Office, Kala Amb.
- 7. It is requested that the employees of your factory/estt. may be asked to indicate the ESI Dispensary of their choice in the Declaration Form. However, all the employees of your factory/estt. will be attached to Branch Office. Kala Amb. Required forms etc. may please be collected from the Branch Office mentioned above.

- 8. The Corporation officials would be pleased to render all necessary and possible assistance to you in discharging your obligations under the ESI Act, 1948 and I expect of prompt and timely compliance with the provisions of the ESI Act and Regulations on your part.
- 9. You are requested to produce attendance/wage registers, ledger/cash books. Balance Sheets etc. from start of your factory/estt. to date, before the Insurance Inspector *Kala/mb* by fixing date in advance to enable him to provide you necessary guidance and also to conduct inspection of records of your factory/estt. under Section 45 of ESI Act, 1948.

Yours faithfully.

(C.NEGI)
ASSISTANT DIRECTOR

ASSISTANT DIRECTOR

कर्पचारी भविष्य निधि संगठन

EMPLOYEES' PROVIDENT FUND ORGANISATION

क्षेत्रीय कार्यालयः

ल्लाक नंत 34, पहली व दूसरी गंजिल एस0 डीठ ए० कम्पलेवस. कस्म्पर्टी, शिनला-9 (हिंठ घट)

Regional Office:

Block No. 34, 1 & II Floor, SDA Complex, Kasumpti, Shimla-9 (H. P.) 02 SEP TT. RO SML COV HP- 6441/8950 Royd- A.D.

सेवा में.

मंसर्स विलमाररील कीर्पारेशन, गहिन रेडि, मेन घापल, काला अम्ब, पिला- स्पिसीर, हिन्द्रेन

विषयः- कर्मचारी भविष्य निधि एवं प्रकीर्ण उपबंध अधिनियम-1952 की धारा-2(ए) के अन्तर्गत अलग भविष्य निधि कोड नंबर आवंटित करने के संबंध में।

नहोत्त्य,

कर्मचारी भविष्य निधि एवं प्रकीणे उपबंध अधिनियम-1952 की धारा-2(ए) के अन्तर्गत अलग भविष्य निधि कोड नंबर आवंटित करने के संबंध में आप अपने आवदेन संख्या ____ दिनांक ____ का अवलोक स्वार्थ अलग भविष्य निधि कोड नंबर आवंटन करने हेतु आपके आवंदन को स्वीकार कर लिया गया है तथा भेठ इन्टेंक कार्यार्थीन , २०-च० पी० - 18236 संस्थान जो अधिनियम के अन्तर्गत पहले ही एक आवृत संस्थान है, का यूनिट होने के नाते आपको अधिनियम की धारा-2(ए) के अन्तर्गत प्रशासनिक सुविधा के लिए ि विनांक 20 8 09 से भविष्य निधि कोड नंबर <u>HP 6441</u> आवंटित किया जाता है।आपसे अनुरोध है कि आप अधिनियम के विभिन्न उपबंधों एवं योजनाओं के अधीन अनुपालन सुनिश्चित करें। कार्यालय के प्रवर्तन अधिकारी द्वारा आपके यूनिट के रिकार्ड का निरीक्षण किया जाएगा ताकि इस संबंध में अन्तिम निर्णय लिया जा सके।कृपया नोट करें कि कार्यालय के सभी प्रयोजनार्थ आपके यूनिट को मुख्य संस्थान का एक यूनिट माना जाएगा।

भवदीय.

सहायक भविष्य निधि आयक्त

प्रतिलिपि:-

- ा. संबंधित प्रवर्तन अधिकारी।
- 2. क्षतिपूर्ति प्रकोष्ठ।
- 3. लेखा शाखा।

सहायक भविष्य निधि आयुक्त