FORM A

[See rule 12(4)]

Statement Showing The Particulars Of Contribution Amounts Paid To The Secretary, Tamil Nadu Labour Welfare Board

For the year ending 20…….

Name and address of the establishment:-

Total number of employees in the establishment	Number of persons who are excluded from the payment of contribution	Number of persons from whom recovery not made for any other reason	Number of persons from whom employees' contributions have been recovered	Amount of employees' contributions at Rs. Per head	Amount of employees' contributions at Rs. Per head	Total amount remitted (cheque or draft number and date)
(1)	(2)	(3)	(4)	(5)	(6)	(7)