

FORM-D
(See Rule 5)

Statement regarding contributions

From.....
(Here give the full name of the person(s) signing the statement with description of the position he holds.)

To: The Welfare Commissioner, West Bengal,
.....
(Give here the address.)

As required under Rule 5 of West Bengal Welfare Fund Rules, 1976. I am furnishing below the necessary particulars in relation to the amount of Rs. (Rupees) tendered herewith as the total amount (in the words here) payable by my establishment both as employees and employer's total amount words here) payable by my establishment both as employees' and employer's contribution for the half year ending *30th June/*31st December..... (mention the year here). A separate list containing the names of employees engaged for the period amount of monthly wages drawn, by each of them as also designation of each of them is attached herewith.

PARTICULARS

1. Name of the establishment with full address.
2. Whether a factory/tramway or motor transport undertaking or commercial establishment or any other class of establishment specified by a Government notification.
3. Total number of employees employed on dates preceding *31st December/*30th June as the case may be).
4. Total number of employees from whom contribution has been deducted for the period.
5. Total amount of employees' contribution tendered for the period.
6. Total amount of employer's contribution tendered for the period.
7. Grand total of both the employees' and the employer's contribution deducted and tendered respectively for the period.

8. Whether full payment of the amount due to the period has been tendered.
9. Amount of unpaid balance, if any, and the reasons therefor.
10. Mode of payment whether in cash or by bank cheque or money order? If by money order, mention postal receipt number and date thereof. If by bank cheque, mention name, branch and address of the bank on which "drawn, with cheque number and date.
11. Remarks, if any.

I hereby declare that the before mentioned particulars are true and correct to the best of my knowledge and belief.

Place

Date

(Signature with designation or description
of the post held with official seal)