

FORM-F

(See Rule 6)

STATEMENT REGARDING CONTRIBUTION

From

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

To

The Welfare Commissioner, Odisha.

.....

(Address here)

As required under Rules 6 of Odisha Welfare Fund Rules, 2015, I am Furnishing below the necessary particulars in relation to the amount of Rs. (Rupees.....) tendered herewith as the total amount payable by my establishment both as employees' as well as employer's contribution for the half-year ending the 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 and the establishment with full address:
2. Whether a factory or motor transport undertaking commercial establishment/or any other class of establishment specified by a Government notification:
3. Total number of employees employed on preceding 31st December; or the 30th June (as the case may be)
4. Total number of employees from whom contribution have 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' as well as the employer's contributions 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 there for.
10. Mode of payment whether in cash or by Bank Demand Draft or money order? If by money order, mention postal receipt number and date thereof. If by Demand Draft, mention name, branch and address of the bank on which drawn, D.D. 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:

Signature with designation or

Date:

description of the post held with official seal.

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