



REGIONAL OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION
 Rajendra Bhawan, Rajendra Place, New Delhi.
 ISO-9001:2000 Certified

Dated: 16/10/2007

No. D/11-10-102312-0602-A02.
 To

M/s BEACON ELEVATOR CO PVT LTD
 PKT B 38 D SIDHARTH EXT
 NEW DELHI
 DELHI-110014

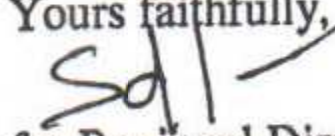
R K DHINGRA

Subject: Implementation of the ESI Act, 1948 and Registration of employees of the Factories and Establishments under Section 2(12)/1(5) of the Act as amended

Dear Sir/s,

It is informed that under section 1(3) of the E.S.I. Act, 1948 the Central Government has vide notification No.SF-12(36) Dated 29/03/1975 made the provisions of the Act applicable to all factories/establishments covered under the Act within the (Area) **ASHRAM (DELHI)**

1. It is further informed that the appropriate Government has extended the provisions of the Act to other establishment under Section 1(5) of the Act with effect from 28/03/1975 (vide notification No.F-27(2)/75 Dated 29/03/1975).
2. Under Section 2-A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on to principal employer thereof to insure his employees and pay contributions in respect of these employees covered under the Act.
3. On the basis of the particulars in respect of your factory/establishment submitted by you, the report of the inspection conducted by the Insurance Inspector/Branch Office Manager who inspected your factory/establishment on 07/09/2007 your factory/establishment falls within the purview of the Section 1(5) of the Act with effect from 01/07/2007 (PROVISIONAL) In case, however, subsequent facts reveal that your factory/establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provision of the Act from such earlier date.
4. It is requested to take immediate steps for registration of your employees by submitting Declaration Forms, payment of contribution, maintenance of record etc., from the date of coverage of your factory/establishment under the Act.
5. For the sake of convenience your establishment has been allotted code No 11-10-102312-0602. which may kindly be used in all communication sent to this office and on all forms at the places indicated for the purpose. The Branch office of the Corporation situated at **ASHRAM** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above branch office who will render necessary help in the matter.
6. It is requested that publicity may kindly be given to list of Insurance Medical Practitioners, State Insurance Dispensaries to enable your employees to choose their State Insurance Dispensaries/ Insurance Medical Practitioner. Required forms etc., may please be collected from the Branch office mentioned above to which all your employees will also be attached.
7. The Corporation Officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948, and I am confident of prompt and early compliance under the provisions of the ESI Act, Regulation on your part.
8. A list of Bank Branches who are authorized to accept ESI Contributions is enclosed. You may choose one of the Branches convenient to you, under intimation to this office and to the concerned branch of the State Bank of India and deposit the ESI dues in that branch only. In case no intimation is received within 15 days of the receipt of the letter the amount of contribution in one of the specified branch would be considered as *Nominated Branch* for your factory/establishment.
9. A brochure/leaflet containing benefits available under the scheme and obligation of the employer etc. is enclosed herewith with request to give wide publicity towards smooth functioning of the scheme.
10. Please indicate your Code No. on all correspondences to avoid delay.

Yours faithfully,

 for Regional Director.

Encl. As stated

Copy for information and necessary action to:

1. The Manager, Branch Office: **ASHRAM**.
2. 103A Branch/Co-ordination Branch
3. The Insurance Inspector _____, Division _____
 Name of the Principal Employer: R K DHINGRA. / No. of Employees (Covered) :20 / Factory Licence No. (if any) _____
4. The Dy. Director (Finance) 5. C-6 Branch 6. Benefit Branch 7. EPF OFFICE

for Regional Director

PL. ENSURE TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY.