## FORM - 'D'

| From   | :  |                                     |
|--------|--|-------------------------------------|
|        | (Here give the full name of the person signing the statement   | nt                                  |
|        | with description of the position he holds )  |                                     |
| To:    | The Welfare Commissioner, West Bengal, "Sramik Kalyan Bhawan"  |                                     |
|        | P-3, C.I.T. Scheme - VII-M, Kankurgachi, Kolkata-700 054   |                                     |
|        | As required under rule 5 of the West Bengal Labour Welfare   |                                     |
|        | the necessary particulars in relation to the amount of Rs  |                                     |
|        |  |                                     |
|        | lishment both as employees' and employer's contribution for  |                                     |
|        | Dec (mention the year here). A sepayees engaged for the period amount of monthly wages drawn by  |                                     |
|        | th of them is attached herewith.   | by each of them as also designation |
| or eac | n of them is attached herewith.  |                                     |
|        | : PARTICULARS :  |                                     |
| 1.     | Name of the establishment with full address.   |                                     |
| 2.     | Whether a factory/tramway or motor transport   |                                     |
|        | undertaking/commercial establishment/ or any   |                                     |
|        | other cases of establishment specified by a Government notification.   |                                     |
|        | Government notification.   |                                     |
| 3.     | Total number of employees employed on  |                                     |
|        | preceding *31st Dec./*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  |                                     |
|        | deducted for the period.   |                                     |
| 6.     | Total amount of employees' contribution deducted for the period.   |                                     |
| 7.     | Grand total of the both employees and  |                                     |
|        | employer's contributions deducted and tendered   |                                     |
|        | respectively for the period.   |                                     |
| 8.     | Whether full payment of the amount due to  |                                     |
|        | period has been tendered.  |                                     |
| 9.     | Amount of unpaid balance, if any, and the  |                                     |
| ٥.     | reasons herefor.   |                                     |
|        | M. J. of an analysis and as by Dook  |                                     |
| 10.    | Mode of payment whether in cash or by Bank cheque or money order ? If by money order,  |                                     |
|        | mention postal receipt No. and date thereof, if  |                                     |
|        | by Bank cheque, mention name branch and  |                                     |
|        | address of the bank on which drawn, cheque   |                                     |
|        | No. and date.  |                                     |
| 11.    | Remarks, if any.   |                                     |
|        | I hereby declare that the beforementioned particulars are t  | rue and correct to the best of my   |
| knowl  | edge and belief.   | <b>35</b>                           |
| Place  | ;  | (Signature with designation         |
| Date   | I  | or description of the post          |
| 1      | The state of the s | held with official seal)            |

\*Note: Strike out the word or words not applicable.