

FORM-E

(See Rule 6)

Statement about employer's contributions received by Welfare Commissioner

From :
.....
.....
(Name here)

To : The Welfare Commissioner, West Bengal,
"Sramik Kalyan Bhawan"
P-3, C.I.T. Scheme – VII-M, Kankurgachi, Kolkata-700054

To
The Secretary to the Government of West Bengal,
Labour Department, Writers' Buildings,
Calcutta 700 001.

Sir,

Necessary particulars about the employer's contribution received from different establishments numbering

(Specify number here.)

for the period ending 30th June /31st December.....
(year) (year)

are furnished below, as required under sub-section (7) of Section 9 of the West Bengal Labour Welfare Fund Act, 1974.

Kindly arrange for payment of the contribution payable by the State Government in respect of these establishments.

PARTICULARS

Sl. No.	Name and full address of each establishment	Class of establishment, i.e., whether factory/ tramway/ motor transport undertaking or commercial establishment or other class of establishment specified by Government notification.
(1)	(2)	(3)

Number of employees in respect of whom contribution is payable	Amount payable as employer's contribution	Amount paid as employee's contribution
(4)	(5)	(6)

(Signature of welfare Commissioner
with Seal)