

FORM-F

(See sub-rule 1 of Rule 7)

Statement of fines imposed on employers

From :

(Here specify the full name and address of authority/officer concerned)

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

STATEMENT

As required under sub-rule 1 of Rule 7 of the West Bengal Labour Welfare Fund Rules, 1976, particulars about the fines imposed on the employers are furnished in the statement below.

Sl. No.	Name of the Act under which fine has been imposed	Name of the Court and date of its judgement imposing fine	Name of the Company on which fine has been imposed	Amount of fine imposed	Whether fine has been realised and, if so, date of payment	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Place

(Signature of the Official Authority with

Date

Office Seal)