



## EMPLOYEES' STATE INSURANCE CORPORATION

No.10, Binnypet, BANGALORE - 560 023.

संख्या/No. KAR. INSPN. 53. 25799. 101

40(1) तथा 41 के तहत ठेकेदारों के माध्यम से कूट संस्था सहित कभी रहित नियुक्ति कर लेते हैं, लेकिन जिम्मेदारी में कोई कूट नहीं है।

दिनांक/Dated: 11 JUN 2008

सेवा में/To,

मेसर्स/Ms

PENGUIN SECURITY & ALLIED SERVICES  
No. 42/1, 3rd Main Road  
Chamraj Pet, Bangalore

"Principal Employers are not absolved of their liability under Section 43(1) & 41 of the ESI Act in respect of Employees engaged through a Contractor with or without ESI Code Numbers"

विषय : कर्मचारी राज्य बीमा अधिनियम, 1948 का कार्यान्वयन और (यथा-संशोधित) अधिनियम की धारा 2(12)/1(5) के अधीन कारखानों तथा स्थापनाओं के कर्मचारियों का पंजीकरण।  
Subject : Implementation of the E.S.I. Act, 1948 and Registration of Employees of the Factories and Establishments under Section 2(12)/1(5) of the Act as amended.

महोदय/Dear Sir/s,

1) आपको सूचित किया जाता है कि कर्मचारी राज्य बीमा अधिनियम, 1948 की धारा 1(3) के अधीन केन्द्रीय सरकार ने अधिसूचना संख्या ..... दिनांक ..... द्वारा ..... क्षेत्र में सभी कारखानों/स्थापनाओं को अधिनियम के अधीन व्याप्त करने हेतु अधिनियम के उपबंध बनाए हैं।

It is informed that under Section 1(3) of the E.S.I. Act, 1948 the Central Government has vide notification No. .... dated ..... made the provisions of the Act applicable to all factories/establishments covered under the Act within the (Area) .....

2) यह भी सूचित किया जाता है कि समुचित सरकार ने अधिनियम की धारा 1(5) के अधीन अधिसूचना संख्या ..... दिनांक ..... द्वारा ..... तारीख से अन्य स्थापनाओं पर अधिनियम के उपबंधों/धाराओं का विस्तार कर दिया है।

It is further informed that the appropriate Government has extended the provision of the Act to other establishment under Section 1(5) of the Act with effect from 29-2-76 SWL 124.LSI.74.IV (vide notification No. .... dated 24-2-76) 27-1-85 SWL 371.LSI.81 5-1-85

3) अधिनियम की धारा 2 के अधीन ऐसे कारखाने/स्थापना को अधिनियम के अधीन पंजीकृत करना अनिवार्य है तथा अध्याय 4 के अन्तर्गत प्रधान नियोजक की यह जिम्मेदारी हो जाती है कि वे अपने सभी कर्मचारियों को पंजीकृत कराएं तथा अधिनियम के अधीन व्याप्त सभी कर्मचारियों के अंशदान की अदायगी करें।

Under Section 2-A of the Act such a factory/establishments is required to register itself under the Act and chapter IV thereof casts a responsibility on the principal employer thereof, to insure his employees and pay contributions in respect of these employees covered under the Act.

4) आपके द्वारा भेजे गए आपके कारखाने/स्थापना के विवरण के अनुसार दिनांक ..... की बीमा निरीक्षक/शाखा कार्यालय प्रबन्धक द्वारा आपके कारखाने/स्थापना की निरीक्षण संबंधी निरीक्षण रिपोर्ट के अनुसार आपका कारखाना/स्थापना दिनांक ..... में अधिनियम की धारा 2(12)/1(5) की सीमा में आता है। फिर भी यदि, बाद में जांच करने पर यह बात सामने आती है कि आपका कारखाना/स्थापना उल्लिखित तारीख से पहले व्यभिचारी था तो उस पिछली तारीख से अधिनियम की धाराओं का अनुपालन करना आपकी जिम्मेदारी होगी।

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 2-5-08

your factory / establishment falls within the purview of Section 2(12)/1(5) of the Act with effect from 15-3-08\* 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. \*(Provisionally)

5) आपसे अनुरोध है कि आप अधिनियम के अधीन व्याप्ति की तारीख से आप अपने कारखाने/स्थापना के कर्मचारियों के घोषणा-पत्र भरने तथा उनके पंजीकरण और अंशदान की अदायगी व रिकार्ड के अनुरक्षण संबंधी कार्यवाई तुरन्त करें तथा रिकार्ड आदि का अनुरक्षण करें।

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.

6) आपकी सुविधा के लिए कारखाने/स्थापना को कूट संख्या ..... आबंटित की गई है जिसका इस कार्यालय के साथ पत्राचार करते समय प्रयोग किया जाए तथा उक्त संख्या सभी फार्मों में यथास्थान दर्शायी जाए। ..... में स्थित निगम के शाखा कार्यालय को अनुदेश भेज दिए गए हैं, कि ये आपके कर्मचारियों के पंजीकरण से संबंधित प्रक्रिया में आपकी हर संभव सहायता करें। कोई कठिनाई होने पर अथवा योजना से संबंधित किसी अन्य प्रयोजन के लिए आप उपरिलिखित शाखा कार्यालय प्रबन्धक से संपर्क करें जो आपकी इस संबंध में हर संभव सहायता करेंगे।

For the sake of convenience your establishment has been allotted code No..... which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **Mysore Road**..... 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 **ESI Dispensary Bldg, Kasturba Nagar, \***

- 7) अनुरोध है कि बीमा चिकित्सा व्यवसायियों/राज्य बीमा औषधालयों की सूचियों का अपने कारखानों/स्थापना में भरसक प्रचार करें ताकि आपके कर्मचारी अपने राज्य बीमा औषधालयों/बीमा चिकित्सा व्यवसायियों का चयन कर सकें। अपेक्षित फार्म आदि उपरिलिखित शाखा कार्यालय से प्राप्त करें जिसके साथ आपके सभी कर्मचारी भी सम्बद्ध होंगे।

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.

- 8) निगम के कर्मचारी, कर्मचारी राज्य बीमा अधिनियम, 1948 के अधीन आपको अपने कर्तव्यों और दायित्वों के निर्वहन हेतु हर संभव एवं आवश्यक सहायता सहर्ष प्रदान करेंगे। मुझे विश्वास है कि आप कर्मचारी राज्य बीमा अधिनियम तथा विनियम के उपबंधों का समय से अनुपालन करेंगे। 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 and Regulation on your part.

- 9) कर्मचारी राज्य बीमा अंशदान स्वीकार करने के लिए प्राधिकृत बैंक शाखाओं की एक सूची संलग्न है। आप अपनी सुविधानुसार इन शाखाओं में से कोई एक शाखा चुनने की कृपा करें और इसकी सूचना इन कार्यालय को तथा भारतीय स्टेट बैंक की संबंधित शाखा को भेज दें तथा केवल उक्त शाखा में कर्मचारी राज्य बीमा राशि जमा कराईं। यदि इस पत्र की प्राप्ति के 15 दिन के अन्दर आपसे कोई सूचना प्राप्त नहीं होती है तो जिस अधिकृत शाखा विशेष में आपने अंशदान की राशि जमा कराई होगी उसे आपके कारखाने/स्थापन के लिए "नामित शाखा" मान लिया जाएगा।

A list of Bank Branches who are authorised 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 this letter, the amount of contribution deposited in one of the specified branch would be considered as "Nominated Branch" for your factory/establishment.

- 10) योजना के अन्तर्गत उपलब्ध/हितलाभों नियोजक आदि के उत्तरदायित्वों की विवरणिका/इश्तहार इसके साथ इस निवेदन के साथ संलग्न है कि योजना के बेहतर कार्यचालन के लिए इसका व्यापक प्रचार करें।


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. **\*\*State Bank Of India**

- 11) कृपया विलंब से बचने के लिए, सभी पत्राचार में, अपनी कूट संख्या का उल्लेख करें। Please indicate your Code No. on all correspondences to avoid delay.

**Bapuji Petrol Bunk  
Premises, 4th Cr.,  
Byatarayanapura,  
Bangalore - 560026.**

**Employer has paid Advance Contribution  
of Rs. 50,000/-**

भवदीय/Yours faithfully,

  
उप निदेशक/DY. DIRECTOR

अनुलग्नक/Encl : As stated above

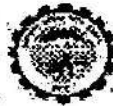
प्रतिलिपि निम्नलिखित को सूचना तथा आवश्यक कार्रवाई हेतु प्रेषित :

Copy for information and necessary action to :

- 1) प्रबंधक, शाखा कार्यालय **Mysore Road**  
The Manager, Branch Office
- 2) EDP Centre
- 3) बीमा निरीक्षक  
The Insurance Inspector **Kalasipalyam** प्रभाग/Division  
प्रधान नियोजक का नाम  
Name of the Principal Employer : **R.K.Radha, Proprietrix**  
कर्मचारियों की संख्या  
No. of Employees : **21**  
कारखाना लाइसेंस संख्या, यदि कोई हो  
Factory Licence No. If any
- 4) सी-6 शाखा  
C-6 Branch
- 5) .....

उप निदेशक/DY. DIRECTOR

Grams: "Bhavishyanidhi"  
E-mail: rpfcbglr@vsnl.net



Tel: 22216566, 22214901  
22214961, 22216596, 22238033  
Fax: 080-22273991

## Employees' Provident Fund Organisation

Ministry of Labour, Govt. of India  
REGIONAL OFFICE, KARNATAKA  
"BHAVISHYANIDHI BHAVAN"  
P.B. No. 25146, No. 13, RAJA RAMMOHAN ROY ROAD,  
BANGALORE-560 025.

R.P.A.D.

Date: 25.04.2008

No. KN/BN/CIR-II/KN/42896/BDV/115/08

To  
M/s Penguin Security  
& Allied Services  
No. 42/1, 3<sup>rd</sup> Main Road  
Chamarajpet  
Bangalore - 560 018.

KN/42896  
Please quote code No. in all  
correspondence

Sir,

Sub: - Applicability of **Employees' Provident Funds & Miscellaneous Provisions Act, 1952** and the Schemes framed thereunder to **M/s Penguin Security & Allied Services, Bangalore - 560 018.**

On the basis of particulars furnished by you on 17.04.2008 it is evident that:

- Your establishment/factory viz. **M/s Penguin Security & Allied Services** is engaged in "**Rendering Expert Services**" which is included in Schedule I /classes of establishments in **Employees' Provident Funds & Miscellaneous Provisions Act, 1952.**
- That the said establishment/factory has employed 22 persons on 15.03.2008.
- The provisions of **E.P.F & Misc. Provisions Act, 1952**, and the schemes framed thereunder are applicable to your above mentioned establishment together with head office and its branches/departments whether situated at the same place or at different places with effect from 15.03.2008 subject to further verification of your records for the earlier period.

With reference to your application No. .... dt. .... received for extension of **E.P.F. & Miscellaneous Provisions Act, 1952** under Section 1(4) of the said Act, on a voluntary basis, a code number is hereby allotted to your establishment covering your establishment with effect from ..... pending issue of notification by the Government of India in exercise of powers conferred on them by sub-section (4) of Section 1 of the **E.P.F. & Misc. Provisions Act, 1952.**

2. The Code No. **KN/42896** is allotted to your establishment for the purpose of making compliance with the various provisions of the **E.P.F. & Misc. Provisions Act 1952**, and the schemes framed thereunder namely **E.P.F. Scheme, 1952, Employees' Pension Scheme, 1995 and Employees' Deposit Linked Insurance Scheme, 1976.** This Code number should invariably be quoted in all the correspondence with this office.

The Contribution payable by the employer shall be at the rate 12% of basic wages, dearness allowance (including cash value of any food concessions and retaining allowance, if any payable to each employee every month). The contribution payable by the employees shall be equal to the contribution payable by the employer.

- i) The contribution shall be calculated on the basis of the basic wages, dearness allowance etc. payable during the whole month whether paid on daily, weekly, fortnightly or monthly basis.
- ii) each contribution shall be calculated on the nearest rupee i.e., 50 paise or more to be counted as the next higher rupee and fraction of a rupee less than 50 paise to be ignored.
- iii) for the purpose of calculating contribution, the wages may be rounded off to the nearest rupee i.e., 50 paise or more being taken as one rupee and less than 50 paise to be ignored.

3. Before paying the member's wages, you shall deduct the employees' contributions from his wages which together with your own contribution and administrative charges shall be paid within 15 days of the close of every month in the account of the fund maintained by the State Bank of India by combined challan in the following manner.

- |   |   |  |
|---|---|--|
| a) E.P.F Contribution                   | : | To be deposited in E.P.F. A/c No. 1                |
| b) Administrative charges               | : | To be deposited in E.P.F. A/c No. 2                |
| c) Employees' Pension Fund Contribution | : | To be deposited in Employees' Pension Fund A/c 10. |

Note: i) The rate of administrative charges is @ 1.10% subject to a minimum of Rs. 5/- w.e.f., 1-3-98 of pay i.e., basic wages, dearness allowance including cash value of any food concession and retaining allowance, if any.

ii) It may be noted that if timely deductions are not made from the member's wages the employer will have to pay both the shares himself, as the recovery of arrears contributions for the back period from the subsequent wages of the employees is prohibited except when such recovery could not be made at the appropriate time due to accidental mistake or clerical error.

iii) The Pension Scheme is applicable to every member of the Fund.

iv) Please see details of contribution.

4. Besides making deposits in Account Numbers 1, 2 and 10 as explained above, you are also required to deposit the contributions and Adm. Charges in Account No. 21 and 22 under the Employees' Deposit Linked Insurance Scheme, 1976, in manner indicated below within 15 days of the close of each month.

**i) Deposit Linked Insurance Fund Account No. 21**

The contribution will be deposited to this account at 0.50% on the aggregate of the basic wages, dearness allowance (including the cash value of food concession and retaining allowance, if any) payable to the employees by an employer.

**ii) Regional Insurance Fund Administrative Account No. 22**

The administration charges will be deposited to this account at the rate of 0.01% subject to a minimum of Rs. 2/- the aggregate of the basic wages, dearness allowance (including the cash value of food concession and retaining allowance, if any) payable to the employees by an employer.

5. The Deposit in the above accounts, viz., 1, 2, 10, 21 & 22 are made by combined challans and triplicate copies of the challan received from the bank should be forwarded to this office duly attached with form No. 12A (Revised as explained below).

You are required to maintain/forward the following returns:

- (i) **Form No. 9** under the EPF Scheme 1952  
These are to be submitted to this office once, in respect of those employees who are required or entitled to become member on the date the factory/establishment is covered under the Scheme.
- (ii) **Form No. 2** under the E.P.F. Scheme, 1952 and also under the Employees' Pension Scheme, 1995.  
These are to be obtained in duplicate from every member for submission to this office.
- (iii) **Form No. 5A**  
This is to be submitted to this office in duplicate. Any subsequent change in ownership is also to be notified to this office through this form.
- (iv) **Form No. 3-A**  
This is to be maintained at the factory/establishment in respect of every employee who is a member in which the contribution paid to the P.F. are to be posted every month.
- (v) **Form No. 6-A**  
This is the annual return of contribution and is to be submitted to this office within 30 days of the close of the financial year, (i.e. 30<sup>th</sup> April) along with Form 3-A (Last Contribution to be shown for February payable in March each year)
- (vi) **Form No. 12-A**  
This is the monthly return of contributions and is to be submitted to this office by 25<sup>th</sup> of every following month. Triplicate copies of the challans in support of the deposits made in the State Bank of India should be attached with this.
- (vii) **Form No. 5 & 10**  
These are the returns of employees who have become new members or have left the service in the month and is to be submitted to this office before 15<sup>th</sup> of the following month irrespective of whether the particulars are 'Nil' for any month.

6. All the forms prescribed under the **Employees' Provident Funds Scheme, 1952, the Employees' Pension Scheme, 1995 and the Deposit Linked Insurance Scheme, 1976**, are available in the P.F. office and will be **SUPPLIED FREE OF COST** on receipt of your indent.

7. Regarding Pension Fund Contributions, it should be separated from the employers' share of Provident Fund contribution and shown separately in the respective form and remitted separately in A/c. No. 10.

Note: The Contributions and Administrative charges payable by the employer under the E.D.L.I. Scheme shall be limited to the amount payable on a monthly pay of Rs. 6,500/- of each employee, calculated on the aggregate of all the Employees.

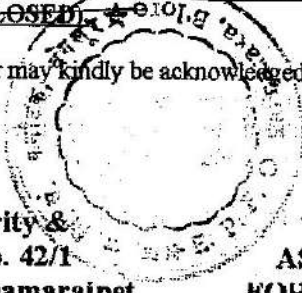
8. As regards E.P.F., E.P.S. and E.D.L.I dues for the period from the date of Applicability of the Act to till date, the arrears should be remitted forthwith. This is without prejudice to levy of damages and interest payable for the belated remittances.

9. In case, the employees shown in Form No. -9 where the members of the establishment's private Provident Fund at the commencement of the Scheme, the accumulations in the Provident Fund standing to their credit should be remitted in the State Bank of India to the credit of the E.P.F. A/c. No.1 through the prescribed challans and the triplicate copy of the challan sent to this office. All the amounts relating to the Provident Fund accumulations lying invested in securities should be transferred to the E.P.F. within four months by having the securities transferred to and endorsed in favour of the Central

Board of Trustees, Employees' Provident Fund, and the Securities thus transferred should be sent to this office. Cash on hand in relation to the Accounts of the Private Provident Fund should be remitted within 30 days from the date of this communication, failing which damages at the prescribed rates will have to be paid by you on the delayed remittances made in cash after the due date. **THE EMPLOYER IS FURTHER ADVISED TO SUBMIT THE NEW BUSINESS NUMBER FORM (FORM ENCLOSED).**

The receipt of this letter may kindly be acknowledged.

KN/42896  
M/s Penguin Security &  
Allied Services, No. 42/1  
3<sup>rd</sup> Main Road, Chamarajpet  
Bangalore - 560 018.



[K. NARAYANAN]  
ASSISTANT PROVIDENT FUND COMMISSIONER  
FOR REGIONAL PROVIDENT FUND COMMISSIONER  
BANGALORE, KARNATAKA

Copy to:

1. Shri/Smt..... Enforcement Officer is directed to submit a verification report with regard to the date of applicability besides conducting first inspection and guiding the employer in order to comply with the provision of EPF & MP Act 1952 and the schemes framed thereunder. He is further advised to obtain new business number from the employer.

2. Accounts Branch through Stats / Co-ordination cell.

3. P.D. Cell.

4. EDP Cell for updation of Master FILE

Employer Tele No: 91 98863 10296

Employer Bank A/c No: CA NO. 202, CORPORATION BANK, CHAMARAJPET BRANCH,  
BANGALORE - 560 018.

[Signature]  
ASSISTANT PROVIDENT FUND COMMISSIONER  
FOR REGIONAL PROVIDENT FUND COMMISSIONER  
BANGALORE, KARNATAKA

**DETAILS OF CONTRIBUTION**

Account No.	Employee	Employer
1	10%/12%	1.67%/3.67%
2		1.10% (min. Rs. 5)
10		8.33%
21		0.50%
22		0.01% (min. Rs. 2)

EPFO-BANGALORE