## MAHARASHTRA LABOUR WELFARE BOARD

Mumbai Girni Kamgar Kreeda Bhavan, S. B. Marg, Elphistone, Mum: 13 Tel. # 2422 77 58 / 2430 67 17.

## Form A-1 Cum Return

(Wide Rule 3-A)

| NOTE: 1) This form-cum-return to be submitted by every Employer alongwith the payment of Employees' & Employer's Six-Monthly contribution made by him in respect of all employees whose names stand on the register of his establishment as on <b>30th June/31st December</b> as per the Provisions Of Sec 6BB of the Bombay Labour Welfare Fund Act,1953. |  |        |                   |                      |               | F                  | For Office Use Only  C |     |      |    |
|--|--|--------|-------------------|----------------------|---------------|--------------------|------------------------|-----|------|----|
| em<br>rup  | Section 2(2) (b) of Bombay Labour Welfare Fund A ployed in a supervisory capacity, draws wages ee per mensem or exercise, either by the natu son of the powers vested in him, functions ma | s exco | eeding Three      | ee thous<br>attached | and<br>d to t | five hundred       |                        |     |      |    |
| 3) I   | EEC = Employees' contribution, ERC = Emplo   | yer's  | contribution      | 1.                   |               |                    | L                      |     |      |    |
| 1  | Establishment Code No. Name & Address of the establishment:  |        |                   | <u> </u>             |               |                    |                        |     |      |    |
| 2  | Name of the employer:  |        |                   | <b></b>              |               |                    |                        |     |      |    |
| 3  | Class of establishment   |        |                   | <b></b>              |               |                    |                        |     |      |    |
| 4  | Total number of employees whose names stood on the establishment registed as on  | Period | No. of<br>Employe | EE                   | C             | EER                | Pen                    |     | Tota | al |
|  |  | Pe     | es                | Rs                   | S.            | Rs.                | Inter                  | est | Rs   | •  |
| a.   | Manager  |        |                   | NI                   | L             | NIL                | NI                     | L   | NI   | L  |
| b.   | Employees working in supervisory capacity drawing wages Rs. 3500/- per month   |        | -                 | NI                   | L             | NIL                | NI                     | L   | NI   | L  |
| с.   | Employees drawing wages exceeding Rs. 3000/-<br>Per Month. (EEC@ Rs. 12/- Per Employee &<br>ERC@ Rs.36/- Per Employee  |        |                   |                      |               |                    |                        |     |      |    |
| d.   | Employees drawing wages upto & inclusiove of Rs. 3000/- Per Month. (EEC@ Rs. 6/- Per Employee & ERC@ Rs.18/- Per Employee  |        | -                 |                      | -             | -                  |                        | -   |      | -  |
|  | Total of (a) to (d) above  |        |                   |                      | -             | -                  |                        | -   |      | -  |
| 5  | I otal Amount of contribution paid alongwith this Form A-1-Cum-Return  | Rs     |                   | /-                   |               | 1                  | l                      |     |      |    |
| 6  | Mode of Payment: Cash / Cheque No.<br>Drawn on:  |        | _                 |                      | dt.           |                    |                        |     |      |    |
| TN#  | DODE AND   |        |                   |                      |               | Certified that the |                        |     | -    |    |

## **IMPORTANT**

- 1) Cheque/DD should be drawn to each Estt, Code Number seperately & in facour of **Maharashtra Labour Welfare Fund**.
- 2) Cash payment will be accepted from 10.30 am to 3.00 pm.
- **3)** Code No. of the Establishment alloted to you should be quoted at the appropriate place in this form.
- 4) DD should be payable at MUMBAI only.
- 5) Please write Establishment code number on the back side of the Cheque/DD

Signature with name & designation of the authority filling this form-cum-return

knowledge and belief: