

FORM-6

Register of Employees

Employees' State Insurance Corporation

(Regulation 32)

Sr.No	Insurance No	Name of the Insured Person	Name of the dispen sary to which attached	Occupation	Dept. Abd Shift, if any	If appointed during the Contri bution period date of appointment																			All months total contribution				Remarks
							No of days for which wages paid / payable	Total amount of wages paid / payable	Emplo yee's share of contr ibution	No of days for which wages paid / payable	Total amount of wages paid / payable	Emplo yee's share of contr ibution	No of days for which wages paid / payable	Total amount of wages paid / payable	Emplo yee's share of contr ibution	No of days for which wages paid / payable	Total amount of wages paid / payable	Emplo yee's share of contr ibution	No of days for which wages paid / payable	Total amount of wages paid / payable	Emplo yee's share of contr ibution	No of days for which wages paid / payable	Total amount of wages paid / payable	Emplo yee's share of contr ibution	Total no of days for which wages paid / payable	Total amount of wages paid / payable	Total Emplo yee's share of contr ibution	Daily Wages 27/26	Static text
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30