FORM 7

## **REGISTER OF EMPLOYEES**

Earm 6	Cubmitted	an	Data	
rorm 6	Submitted	on	Date:	

**REGULATION - 32** 

APPENDIX - F

Contribution for the Year 01 Apr 2025 To 30 Sep 2025

							April		May		June			July			August			September								
SI. No	Insurance No	Name of Insureed Person	upa ti on				Total amt of wages paid/ payable	Empl. share of contri bution	No of Days	Total amt of wages paid/ payable	Empl. share of contri bution	Total No. of days in contri bution period for which wages paid / payable	Total amount of wages paid/ payable in the contri bution period	contri	wages Col.	Particulars of E.S.I Dispensary / Remarks												
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