

FORM 5
RETURN OF CONTRIBUTIONS
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 26)

Name of Branch Office : **BO - Guindy**

Employer's Code No. **51001040220001009**

Name and Address of the factory or establishment :**NKE Floor Care (P) Ltd., - M 5, Sudersan Gardens,, No.106, Velachery Road,, Guindy, Chennai**

Particulars of the Principal employer(s)

(a) Name :-----

(b) Designation :-----

(c) Residential Address:-----

Contribution Period from : **Apr 2025** to **Sep 2025**

I furnish below the details of the Employer's and Employee's share of contribution in respect of the under mentioned insured persons. I hereby declare that the return includes each and every employee, employed directly or through an immediate employer or in connection with the work of the factory / establishment or any work.....connected with the administration of the factory / establishment or purchase of raw materials, sale or distribution of finished products etc. to whom the ESI Act, 1948 applies, in the contribution period to which this return relates and that the contributions in respect of employer's and employee's share have been correctly paid in accordance with the provisions of the Act and Regulations.

Employees's Share	15,598.00
Employer's Share	67,353.00
Total Contribution	82,951.00

S.No.	Month	Challan Number	Date of Challan	Amount	Name of the Bank and Branch
1	Apr-2025	05125118245031	5/9/2025	10035.00	State Bank of India
2	May-2025	05125122300443	6/9/2025	10405.00	State Bank of India
3	Jun-2025	05125126948681	7/10/2025	10203.00	State Bank of India
4	Jul-2025	05125130245136	8/6/2025	15691.00	State Bank of India
5	Aug-2025	05125135923617	9/11/2025	19107.00	State Bank of India
6	Sep-2025	05125139051152	10/8/2025	17510.00	State Bank of India

Place:

Total amount paid: 82951.00

Date:

Signature and Designation of the Employer
(with Rubber Stamp)

Important Instructions : Information to be given in 'Remarks Column (No. 9)

(i) If any I.P. is appointed for the first time and / or leaves during the contribution period indicate

"A_____ (date)" and /or "L_____ (date)"

(ii) Please indicate Insurance Nos. in ascending order.

(iii) Figures in Columns 4,5 & 6 shall be in respect of wage periods ended during the contribution period.

(iv) Invariably strike totals of Columns 4, 5 and 6 of the Return.

For *CP ending 31st March, due date is 12th May

For CP ending 30th September, due date is 11th November

EMPLOYEES' STATE INSURANCE CORPORATION

Employer's Name and Address **NKE Floor Care (P) Ltd., - M 5, Sudersan Gardens,, No.106, Velachery Road,, Guindy, Chennai**

Employer's Code No period from **Apr 2025** to **Sep 2025**

Sl.No.	Insurance Number	Name of Insured Person	No. of days for which wages paid	Total amount of wages paid (Rs.)	Employee's contribution deducted	Average Daily Wages(Rs.)	Whether still continues working	Remarks
1	1606766380	SONU BABU	82	54,053.00	407.00	660.00	N	
2	4709171220	VISHNU PRAKASH TP	64	31,331.00	237.00	490.00	N	
3	5122161723	M.Mohamedadil	183	157,787.00	1,187.00	863.00	Y	
4	5122161750	KRISHNAMURTHY.M	172	119,175.00	898.00	693.00	N	
5	5122161775	THAMIM ANSARIE.R	92	65,089.00	489.00	708.00	N	
6	5122161967	ABDUL SHUKUR A	177	111,327.00	838.00	629.00	N	
7	5122162574	RAJESH.R	68	42,859.00	323.00	631.00	N	
8	5122162652	KRISHNA.D	54	37,165.00	280.00	689.00	Y	

9	5124080470	MD. MANOWAR	170	85,491.00	644.00	503.00	Y
10	5125409858	MAHAVV BASHA A	166	140,970.00	1,060.00	850.00	Y
11	5125409947	RIZWAN SHARIFF K	162	89,099.00	671.00	550.00	Y
12	5126187036	SEBASTIAN P	113	55,731.00	419.00	494.00	Y
13	5128351100	Y MAGESHWARI	90	37,743.00	285.00	420.00	Y
14	5132939352	GOWTHAMAN JAYARAMAN	179	126,699.00	952.00	708.00	N
15	5133374489	R.PALANIVELU	182	156,108.00	1,174.00	858.00	Y
16	5133374767	MD TOUKIR	108	57,280.00	430.00	531.00	Y
17	5133374832	MD BABAR ALI	183	97,659.00	734.00	534.00	Y
18	5136143196	CHINNAEJAMAN MEGHANATHAN	121	61,154.00	460.00	506.00	N
19	5137280569	MD.IRSHAD	168	71,581.00	539.00	427.00	N
20	5137586077	SHARAFALI CHEMMALA	64	30,849.00	233.00	483.00	N
21	5137586279	PRASANTH M P	59	36,675.00	277.00	622.00	N
22	5137611694	AVDHESH KUMAR	82	39,819.00	300.00	486.00	N
23	5137611788	RAHUL SINGH	82	39,819.00	300.00	486.00	N
24	5137611894	RAJA	82	39,819.00	300.00	486.00	N
25	5137612022	SATENDRA	82	54,053.00	407.00	660.00	N
26	5137615481	RAVI KUMAR	82	39,819.00	300.00	486.00	Y
27	5343997767	ASHISH KUMAR K	82	70,210.00	529.00	857.00	Y
28	5349002666	R HEMA PRIYA	169	88,103.00	662.00	522.00	Y
29	6382348702	BALU KALIYAMOORTHY	58	28,892.00	218.00	499.00	N

30	6382348722	KARTHI JAYARAMAN	12	5,968.00	45.00	498.00	Y	
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*Date of appointment and leaving the job
may be given in remarks column.

Signature of the Employer

(FOR OFFICIAL USE)

- 1.Entitlement position marked.
- 2.Total of Col. 5 of Return checked and Found correct/correct amount is indicated
- 3.Checked the amount of Employer's/Employee's contribution paid which is in order / observation memo enclosed.

Countersignature_____

U.D.C.

Head Clerk

Branch Officer

-- End of Report ---