# **COMPLIANCE VERIFICATION**

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| **Name & Address of the Vendor** |  |
| **Location of Work** |  |
| **Agreement Period** |  |
| **Month** |  |
| **Audit review** |  |
| **Remarks if any** |  |
| **Seal with Signature of Auditor** |  |

**\*Documents verified for the month of Jun 2025**

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| **Sl No** | **Particulars** | **Status** | **Remarks** |
| 1 | Form T Combined Muster Roll Cum Register of Wages |  |  |
| 2 | Bank Statement |  |  |
| 3 | Electronic Challan Cum Return (ECR) (of previous month) |  |  |
| 4 | Combined Challan of A/C NO. 01, 02, 10, 21 & 22 (With EMPLOYEES' PROVIDENT FUND ORGANISATION) |  |  |
| 5 | Provident Fund Temporary Return Reference Number (TRRN) Details |  |  |
| 6 | Employees' State Insurance Corporation Contribution History Statements |  |  |
| 7 | Employees' State Insurance Corporation Challan |  |  |
| 8 | Professional Tax Returns Form 5A\_Statement of Tax Payable by Employer |  |  |