

FORM -2 (Revised)
EMPLOYEES' STATE INSURANCE CORPORATION
Return of Declaration From
(Regulation - 14)

Name and address of the Factory or Establishment

ABC INDIA PVT LTD
4-73 ANNA SALAI
CHENNAI
Tamil Nadu

Employer Code Number

I send here with the declaration forms in respect of the employees mentioned below. I hereby declare that every person employed as an employee, within the meaning of section 2(9) of the Employees' State Insurance Act, 1948 on

in this Factory or establishment and in receipt of a remuneration not exceeding Rs. 3000/- (excluding remuneration for overtime work) per month has been included in this list, (excepting only those in respect of whom declaration forms have been sent to the Corporation in the past.

Place :

Signature

Date: [currentdatetime]

Designation

Serial No.	Name of the Employee	Distinguishing No. With the employee if any	Father's or Husband's Name	Insurance No. allotted by Corporation (to be entered at the Appropriate Office)
1	Swati Amberkar	A-002		
2	sds sd	d		
3	swara Powar	d-001		

Enclosures : Declaration Forms

Signature :

Designation