

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

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

Employer's Code No. **74000258310000910**

Name and Address of the factory or establishment : **DR.B C ROY ENGINEERING COLLEGE - Dr.B.C.Roy Engineering College, Management house, , Jemua Road,**

Fuljhore, Durgapur

Particulars of the Principal employer(s)

(a) Name : **D. MITRA**

(b) Designation :-----

(c) Residential Address:-----

Contribution Period from : **Apr 2020 to Sep 2020**

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	33,085.00
Employer's Share	142,922.00
Total Contribution	176,007.00

S.No.	Month	Challan Number	Date of Challan	Amount	Name of the Bank and Branch
1	Apr-2020	07420112692974	5/12/2020	29271 00	State Bank of India
2	Apr-2020	07420115402718	6/9/2020	189 00	State Bank of India
3	May-2020	07420115357560	6/9/2020	29336 00	State Bank of India
4	Jun-2020	07420118626898	7/9/2020	29443 00	State Bank of India
5	Jul-2020	07420121857157	8/10/2020	29179 00	State Bank of India
6	Aug-2020	07420125082959	9/9/2020	29090 00	State Bank of India

7	Sep-2020	07420128455361	10/9/2020	29499.00	State Bank of India
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Place:

Total amount paid: 176007.00

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 **DR.B C ROY ENGINEERING COLLEGE - Dr.B.C.Roy Engineering College, Management house, ,**

Jemua Road, Fuljhore, Durgapur

Employer's Code No. period from **Apr 2020 to Sep 2020**

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	4108874314	DEBASHISH PARAMANIK	183	120,960.00	912.00	661.00	Y	
2	4108879261	KALYAN JOARDAR	183	116,280.00	876.00	636.00	Y	
3	4108888201	GANESH BADIYAKAR	183	120,156.00	906.00	657.00	Y	
4	4108888203	ALOKE CHOWDHURY	183	110,244.00	828.00	603.00	Y	
5	4108888210	SHRI. BASUDEV CHAKRABORTY	183	110,244.00	828.00	603.00	Y	
6	4108888211	SHRI. LALIT NAYAK	183	110,244.00	828.00	603.00	Y	
7	4108888212	SHAMBHU NATH SWARNAKAR	183	110,244.00	828.00	603.00	Y	
8	4108888215	DHARMADAS KONAR	183	98,616.00	744.00	539.00	Y	
9	4108888223	RANA MUKHOPADHYAY	0	0.00	0.00		N	

10	410888224	ASISH BHATTACHARYYA	183	112,296.00	846.00	614.00	Y
11	410888225	PRAVASH KUMAR DAS	183	112,296.00	846.00	614.00	Y
12	410888228	SANKAR BHOWMICK	183	117,420.00	882.00	642.00	Y
13	4110321055	BINA CHATTERJEE	182	77,567.00	585.00	427.00	N
14	4110321058	SMT. MAMATA BERA	183	110,244.00	828.00	603.00	Y
15	4112911534	SHRI. MINTU DAS	183	106,932.00	804.00	585.00	Y
16	4112911543	SHRI DEBASISH CHAKRABORTY	183	108,984.00	822.00	596.00	Y
17	4112911763	SHRI. BINOY KUMAR NAYAK	183	110,244.00	828.00	603.00	Y
18	4113138428	SUPRIYO CHATTERJEE	183	98,616.00	744.00	539.00	Y
19	4113138433	BIVAS ROY	0	0.00	0.00		N
20	4113344017	ASHIS KUMAR KARMAKAR	183	110,124.00	828.00	602.00	Y
21	4113421140	KUNDAN DAS	183	107,736.00	810.00	589.00	Y
22	4113421205	JOGENDRA PRASAD	183	107,736.00	810.00	589.00	Y
23	4113421247	KARTICK GARAI	183	107,736.00	810.00	589.00	Y
24	4113421665	BISHNU DAS	183	124,800.00	936.00	682.00	N
25	4113422760	JUDHAJIT JASH	0	0.00	0.00		N
26	4113560089	DHANANJOY KUMAR MONDAL	183	78,000.00	588.00	427.00	Y
27	4113765105	SARANI DAS	183	123,012.00	924.00	673.00	Y
28	4114012481	CHAYAN MUKHERJEE	183	87,444.00	660.00	478.00	Y
29	4114026995	AMARENDRA NATH TRIPATHI	182	118,430.00	890.00	651.00	Y

30	4114027074	ASIT KUMAR GHOSH	183	87,444.00	660.00	478.00	Y
31	4114951694	ABHISEK MISRA	183	101,352.00	762.00	554.00	Y
32	7430034483	RIYA ADITYA	183	125,400.00	942.00	686.00	Y
33	7430039103	SOMA ROY	183	66,150.00	498.00	362.00	Y
34	7430039112	SANCHITA TANTUBAY	183	66,150.00	498.00	362.00	Y
35	7430109535	ARUP GHOSH	183	105,912.00	798.00	579.00	N
36	7430135952	SUTANU MAJUMDAR	183	88,356.00	666.00	483.00	Y
37	7430169341	SUPTA RANI MAITY	183	66,150.00	498.00	362.00	Y
38	7430216756	RAMESH CHANDRA TARAFDER	183	120,780.00	908.00	660.00	Y
39	7430245307	PIJUS BANDYOPADHYAY	182	118,430.00	890.00	651.00	Y
40	7430275010	BARNALI DAS	0	0.00	0.00		N
41	7430340432	DEBAJYOTI SAHA	183	93,936.00	708.00	514.00	Y
42	7430340497	DEBABRATA DAFADAR	155	101,145.00	762.00	653.00	Y
43	7430340581	SADAR ALI SHAIKH	182	118,430.00	890.00	651.00	Y
44	7430341209	UJJWAL KUMAR PAL	182	118,430.00	890.00	651.00	Y
45	7430364680	BHAGWAN SHARMA	183	95,076.00	714.00	520.00	Y
46	7430391670	SANJAY KUMAR SHARMA	183	107,736.00	810.00	589.00	Y

*Date of appointment and leaving the job
may be given in remarks column.

R. Sam
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.

U.D.C.

Head Clerk

Countersignature _____

Branch Officer

-- End of Report ---