FORM - F

(See Rule 6)

STATEMENT REGARDING CONTRIBUTION

From:

To The Welfare Commissioner, Andhra Pradesh Labour Welfare Board, <u>Hyderabad-20</u>.

As required under Rule 5 of Andhra Pradesh Labour Welfare Fund Rules, 1988, I am							
furn	ishing below the necessary particulars	in	relation	to	the	amount	of
Rs	(Rupees						
)(words here) tendered herewith as the							
total amount payable by my establishment both as employees' as well as employer's contribution							
for the year ending 31 st December (mention the year here).							
A separate list containing the names of employees engaged for the period, amount of monthly							
wages drawn, by each of them as also designation of each of them is attached herewith.							
PARTICULARS							
1.	Name of the establishment with full address:						
2.	Whether a factory or motor transport						
	undertaking / commercial establishment / or						
	any other class of establishment specified by a						
	Government notification:						
3.	Total number of employees employed on						
	preceding 31 st December;						
4.	Total number of employees from whom						
	contributions have been deducted for the						
	period:						
5.	Total amount of employees' contributions						
-	tendered for the period:						
6.	Total amount of employer's contribution						
7.	tendered for the period:						
7.	Grand Total of both the employees' as well as the employer's contributions deducted and						
	tendered respectively for the period:						
8.	Whether full payment of the amount due to the						
0.	period has been tendered:						
9.	Amount of unpaid balance, if any, and the						
· ·	reasons there for.						
10.	Mode of payment whether in cash or by Bank						
	Demand Draft or money order? If by money						
	order, mention postal receipt number and date						
	thereof. If by demand draft, mention name,						
	branch and address of the bank on which						
	drawn, D.D. Number and date:						
11.	Remarks, if any:						

I hereby declare that the before mentioned particulars are true and correct to the best of my knowledge and belief.

Date : Place:

Signature and Designation or description of the post held with official seal.