



EMPLOYEES' STATE INSURANCE CORPORATION

Form 5-A

(Regulation 31 – Second Proviso)

STATEMENT OF ADVANCE PAYMENT OF CONTRIBUTIONS MADE FOR THE CONTRIBUTION PERIOD ENDED

Total contribution amounting to Rs. comprising of Rs.
as employers' share and Rs. as employees' share paid as under: -

| SI No. | Details of Advance Payment | Amount | | Details of actual contribution paid | | Amount | | Balance | |
|--------|----------------------------|--------|----|-------------------------------------|----|--------|----|---------|----|
| | | Rs. | P. | Rs. | P. | Rs. | P. | Rs. | P. |
| 1. | Opening Balance | | | | | | | | |
| 2. | Challan dated | | | *April/ October | | | | | |
| 3. | Challan dated | | | *May/ November | | | | | |
| 4. | Challan dated | | | *June/ December | | | | | |
| 5. | Challan dated | | | *July/ January | | | | | |
| 6. | Challan dated | | | *August/ February | | | | | |
| 7. | Challan dated | | | *September/ March | | | | | |
| | Total (i) . . . | | | Total (ii) | | | | | |
| | | | | Total due for contribution period | | | | | |
| | | | | Total amount paid in Advance | | | | | |
| | | | | Balance | | | | | |

Total (ii) should not be less than total (i) at any time.

**Strike out which is not applicable*

Place

Signature

Date

Designation