



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

Date

Signature

Designation