



उप-क्षेत्रीय कार्यालय, बैरकपुर
SUB-REGIONAL OFFICE, BARRACKPUR

FORM - 5-A

Employees' State Insurance Corporation

(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 :-

Sl. No.	Details of Advance Payment	Amount		Details of actual contribution paid	Amount		Balance	
		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 _____