

MAHARASHTRA LABOUR WELFARE BOARD

Mumbai Girni Kamgar Kreedha Bhavan, S. B. Marg, Elphinstone, Mum: 13

Tel. # 2422 77 58 / 2430 67 17.

Form A-1 Cum Return

(Wide Rule 3-A)

NOTE: 1) This form-cum-return to be submitted by every Employer alongwith the payment of Employees' & Employer's Six-Monthly contribution made by him in respect of all employees whose names stand on the register of his establishment as on **30th June/31st D**

For Office Use Only

C

2) Section 2(2) (b) of Bombay Labour Welfare Fund Act, 1953 "**Supervisor**" means-who, being employed in a supervisory capacity, draws wages exceeding tow thousand five hundred rupee per mensem or ecercise, either by the nature of the duties attached to the

3) EEC = Employees' contribution, ERC = Employer's contribution.

Establishment Code No.

--	--	--	--	--	--	--	--	--	--

1 Name & Address of the establishment: _____→

2 Name of the employer: _____→

3 Class of establishment _____→

4 Total number of employees whose names stood on the establishment registered as on

	Period	No. of Employees	E E C Rs.	E E R Rs.	Penel Interest	Total Rs.
a. Manager						
b. Employees working in supervisory capacity drawing wages Rs. 2500/- per month	Jun					
c. Employees drawing wages exceeding Rs. 3000/- Per Month. (EEC@ Rs. 12/- Per Employee & ERC@ Rs.36/- Per Employee	Dec					
d. Employees drawing wages upto & inclusive of Rs. 3000/- Per Month. (EEC@ Rs. 6/- Per Employee & ERC@ Rs.18/- Per Employee	Jun					
Total of (a) to (d) above	Dec					
5 Total Amount of contribution paid alongwith this Form A-1-Cum-Return						

6 Mode of Payment: Cash / Cheque No. _____
Drawn on: _____

Cheque Date: _____

IMPORTANT

- 1) Cheque/DD should be drawn to each Estt, Code Number seperately & in facour of **Maharashtra Labour Welfare Fund.**
- 2) Cash payment will be accepted from 10.30 am to 3.00 pm.
- 3) Code No. of the Establishment allotted to you should be quoted at the appropriatge place in this form.
- 4) DD should be payable at BOMBAY only.
- 5) Please write Establishment code number on the back side of the Cheque/DD

Certified that the information / particular furnished above is / are true to the best of my knowledge and belief:

Signature with name & designation of the authority filling this form-cum-return