



MAHARASHTRA LABOUR WELFARE BOARD

(AN ISO 9001-2008 CERTIFIED)

Hutatma Babu Genu Mumbai Girni Kamgar Krida Bhavan,
Senapati Bapat Marg , Elphinstone (W) Mumbai - 400 013
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FORM A-1

(Rule 3 -A)

Statement of employees' and employer's contribution as on 30th June and 31st December respectively.

ESTABLISHMENT CODE NO.

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1. Name & Address of the establishment

2. Name of the Employer

3. Class of establishment

(i.e. whether a factory or motor omnibus service, a Shop, Commercial establishment, Residential Hotel, Restaurant, Eating-house, Theatre or other places of public amusement or entertainment)

4. Total number of employees whose names stand on the establishment register as on 30th June / 31st December

SLAB:I

Employees drawing wages/salary upto & inclusive of Rs.3000/-p.m.
EMPLOYEES' CONTRIBUTION Rs. 6.00
EMPLOYER'S CONTRIBUTION Rs.18.00

SLAB:II

Employees drawing wages/salary exceeding Rs.3000/-p.m.
EMPLOYEES' CONTRIBUTION Rs. 12.00
EMPLOYER'S CONTRIBUTION Rs. 36.00

i.e. Rs.48/- per person

No.of Employees	Employees' Contribution Rs.	Employer's Contribution Rs.	Penal Interest Rs.	Total Rs.
(A) Establishment	- Slab: I			
Employees		- Slab: II		
(B) Contract	- Slab: I			
Employees		- Slab: II		
Total of sub-entries (a) and (b) of entry 4				

5. Whether the contribution has already been paid to the Welfare Commissioner: if so whether by cheque, or cash and details thereof

6. Mode of Payment

: Cash / Cheque / D.D. No. _____

Date _____ Amt. _____

Name of the Bank : _____

Branch : _____

Instructions overleaf

Signature of the employer

Instruction regarding Payment:

1. Cheque/D.D. Should be drawn in favour of **Maharashtra Labour Welfare Fund**.
2. Cheque/D.D. Should be payable at **MUMBAI** only.
3. Cheque/D.D. Should be issued separately for each Establishment.
4. Both the Employees' & Employer's Contribution should be paid only by single cheque.
5. Cash Payment will be accepted from 10.30 a.m. to 3.00 p.m. **(Lunch hour 1.00 to 1.30 p.m.)**
6. Estt. Code Number allotted to you should be quoted at proper place provided in this form.
7. Please write the Estt. Code Number on the backside of the Cheque/D.D.
8. Name of the person for communication & Telephone No.,Fax No. Email address.
9. Use xerox copy of this form for Every Payments.