C-11 Regd. with a.d.

Regional Office
EMPLOYEES' STATE INSURANCE CORPORATION
ESI Corporation, Panchdeep Bhawan, 143, Sterling Road,
Chennai-600034

Dated : 30/7/2012

To
M/s.Chennai Testing Laboratory Pvt.Ltd.,

A - Super, No.19, T.V.K.Industrial Estate
Guindy,
Chennai,600032

Subject:- Implementation of the E.S.I. Act, 1948 and Registration of Employees of the Factories and Establishments under Section 2(12) of the Act, as amended.

Dear Sir(s),

1. It is informed that under section 1(3) of the esi. act, 1948 is applicable to all factories/establishments covered under the act within the area where your factory/establishment is situated

2. It is further informed that the appropriate government has extended the provisions of the act to other establishments under section 1(5) of the act in this area

3. Under section 2 a of the act such a factory/establishment is required to register itself under the act and chapter iv thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the act.

4. On the basis of the particulars in respect of your factory/establishment submitted by you, the report of the inspection conducted by the Insurance Inspector**/Branch Office Manager who inspected your factory on -NA- your factory falls within the purview of Section 2(12) of the Act with effect from 01/04/2012 provisionally/finally. In case, however, subsequent facts reveal that your factory was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.

5. It is requested to take immediate steps for registration of your employees by submitting declaration forms, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act. **you are also requested to submit employer's registration form (form 01) as required under the provisions of sec.2-a of the esi act , 1948 read with regulation 10-b of the esi(general), regulations, 1950.

6. For the sake of convenience your establishment has been allotted code No **51001030620000999** which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **ESIC Hospital Complex,K.K. Nagar, Pillar Road,Chennai - 600 078** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

7. It is requested that publicity may kindly be given to list of insurance medical practitioners, employees' state insurance dispensaries to enable your employees to choose their e.s.i. dispensaries/insurance medical practitioner. required forms etc. may please be collected from the branch office mentioned above to which all your employees will also be attached.

8. The corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the esi act, 1948 and i am confident of prompt and timely compliance under the provisions of the esi act and regulations on your part.

9.A list of bank branches which are authorized to accept esi contributions is enclosed. you may choose one of the branches convenient to you, under intimation to this office and to the concerned branch of the state bank of india and deposit the esi dues in that branch only. in case no intimation is received within 15 days of the receipt of this letter, the amount of contribution deposited in one of the specified branch would be considered as "nominated branch" for your factory/establishment.

10.A brochure/leaflet containing benefits available under the scheme and obligation of the employer etc.is enclosed herewith the request to give it wide publicity for the smooth functioning of the scheme.

11.Please indicate your code no. on all correspondences to avoid delay

Yours faithfully,

Encl. : As state above

asstt./dy. director

Copy for information and necessary action to:

The manager, branch office,	ESIC Hospital Complex,K.K. Nagar, Pillar Road,Chennai - 600 078
The insurance inspector	ID-Guindy I
Name of the principal employer.	J.PANNEERSELVAM