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EMPLOYEES' STATE INSURANCE CORPORATION

Sub-Regional Office · [redacted]

C-11 Regd. with a.d.

Dated : [redacted]

ESIC REGISTRATION: EMPLOYER CODE LETTER (C-11)

The registration letter that gives an employer its 17-digit code number

To

M/s. [redacted]

Subject:- Implementation of the E.S.I. Act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(5) of the Act, as amended.

Dear Sir(s),

1. It is informed that the E.S.I. Act, 1948 is applicable to all factories / establishments covered under the Act within the area where your factory / establishment is situated.
2. The appropriate government has extended the provisions of the Act to other establishments under section 1(5) in this area.
3. Such a factory / establishment is required to register itself under the Act, and the principal employer is responsible for getting the employees registered and paying contributions for them.
4. On the basis of the particulars submitted and the inspection report (date of inspection: [redacted]), your establishment falls within the purview of section 1(5) of the Act with effect from [redacted]. If later facts show it was coverable from an earlier date, the Act applies from that earlier date.
5. Take immediate steps to register your employees by submitting declaration forms online, pay contributions and maintain records from the date of coverage, and submit the employer's registration form (Form 01).
6. For the sake of convenience your establishment has been allotted code No [redacted], which may kindly be used in all communications and forms. The Branch Office at [redacted] has been instructed to assist you.
7. A State-wise list of ESI dispensaries is available on the website www.esic.nic.in; employees may choose their dispensaries.
8. Corporation officials will give all necessary guidance in discharging your duties under the Act.
9. All branches of the State Bank of India are authorised to accept the ESI contribution.
10. Brochures on benefits and employer obligations are available on the website under Publications.
11. Please indicate your code no. on all correspondence to avoid delay.

Encl. : As stated above

Yours faithfully,

[signature not shown]

Asstt./Dy. Director

Copy for information and necessary action to: Name of the principal employer : [redacted]

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