REG. FORM - 5

Name of the Branch Office : Employer's Code No :

RETURN OF CONTRIBUTION

EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation - 26)

Name & Address of the factory or establishment :

,

, ,

Particulars of the Principal Employer (s)

a) Name :

b) Designation :

C) Residential Address :

Contribution Period from Sep-2026 To Sep-2026

I furnish below the details of the Employer's and Employee's share of contributions in respect of the under mentioned ins persons. I hereby declare that the return includes each & every employee, employed directly or through an immediate employer or connection with the work of the factory / establishment or any work connected the administration of the factory / establishment purchase of raw materials, sale or distribution of finished products etc. to worm the ESI Act, 1948 applies, in the contribution period which this return relates and that the contributions in respect of employer's and employee's share have been correctly paid in accordanc with the provisions of the Act and Regulations.

Details of Challans :

S.No	Month	Date of Challan	Amount	Name of the Bank and Branch
				,

Employees' Share :

Employers' Share :

Total Contributions :

Total Amount Paid (Rs) :