

**M.P. SHRAM KALYAN RULES 1984**

**FORM 'A'**

(See Rule 3 (5))

Statement of Employee's contribution on 30<sup>th</sup> June/31<sup>st</sup> of December.....

1. Name of the establishment with A/c No. :.....  
.....
2. Name of the employer :.....
3. Class of establishment ::.....
4. Address of establishment
5. Total number of employees (as per section 2 (3) ) whose names stand on the muster roll of the establishment on 30<sup>th</sup> June/31<sup>st</sup> December.
- 6 (a) Employee's contribution @ 6 rupee per employee : Rs.....  
(b) Employer's contribution @ 18 rupees per employee: Rs.....  
(subject to minimum Rs. 500/-)
7. Total of sub-entries (a) and (b) of entry 6 : Rs.....
8. Payment Details :Rs.....

Date.....

D.D. No. ....Date...

To,

The Commissioner  
M.P. Labour Welfare Board  
83, Malviya Nagar, Bhopal (M.P.)

Signature of Employer