**The Employees’ Deposit Linked-Insurance Scheme, 1976**

FORM 4(IF)

(For exempted establishments only)

(Para 10)

**Monthly statement of Contributions for the month of 20**

**Currency Period from 1st April 20 to 31st March 20**

Total Number of Employees

Contract Rest Total

Name and Address of the Establishment

Total No. of members

Statutory Rate of Contribution 0.5%

Code No. of the Establishment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Wages on which contri-butionsare payable | Amountofemploy-yer’sshare ofcontribution due at0.5% of the amountof wagesshown in Col. 1  | Amountofadminis-trativecharges due at0.01% ofthe amountof wages shown in Col. 1 | Employersshareofcontri-bution remittedin A/cNo. 21 | Amountofadministrativechargesremittedin A/cNo. 22 | Dateofremit-tance | Name&locationof theBank inwhichremittedof No.& dateof thecheque/draft sent toRegionalOffice | Whetherthetrip-licatechallanreceiptisenclosed,if notstatereasons | Re-marks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  |  |  |  |  |  |  |  |  |

Date:

Signature of the Employer

(with office seal)

No. as per last month’s return (+) No. of new members vide Form 2(IF)(-) No. of members left service vide Form 3(IF)

\*Net total\* This should tally with the figures given at the top right hand corner of the form.

Note: (1) If there is any substantial variation between the wages and amount of contribution shown above and those shown to the last month’s return, suitable explanation should be given in the Remark’s column.

(2) If any arrears of contribution of damages are included in the figures under Column 4, suitable details indicating the circumstances, Account No. of members and the period involved should be furnished in the Remark’s column or on the reverse.

Regn. No.