**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-  butions  are  payable | Amount  of  employ-  yer’s  share of  contribution  due at  0.5% of  the amount  of wages  shown in Col. 1 | Amount  of  adminis-  trative  charges  due at  0.01% of  the amount  of wages  shown in Col. 1 | Employers  share  of  contri-  bution  remitted  in A/c  No. 21 | Amount  of  administ  rative  charges  remitted  in A/c  No. 22 | Date  of  remit-  tance | Name  &  location  of the  Bank in  which  remitted  of No.  & date  of the  cheque/  draft  sent to  Regional  Office | Whether  the  trip-  licate  challan  receipt  is  enclosed,  if not  state  reasons | 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.