FORM 6

REGISTER OF EMPLOYEES

EMPLOYEES' STATE INSURANCE CORPORATION

(Regulation 32)

Contribution Period : From .... to ....

Sl. No.	Insurance No.	Name of the Insured Person	*Name of dispensary to which attached	Occupa-tion	Deptt. and shift, if any	If appointed or left service during the contribution period, date of appointment/ leaving service	Month		
							No. of days for which wages paid/payable	Total amount of wages paid/payable	Employees' share of contribution
1	2	3	3(A)	4	5	6	7	8	9
						Total			
						Employers' Share			
						Grand Total			
						Paid on			

Month			Month			Month		
No. of days for which wages paid/payable	*Total amount of wages paid/payable (Rs.)*	*Employees' share of contribution (Rs.)*	*No. of days for which wages paid/payable*	*Total amount of wages paid/payable (Rs.)*	*Employees' share of contribution (Rs.)*	*No. of days for which wages paid/payable*	*Total amount of wages paid/payable (Rs.)*	*Employees' share of contribution (Rs.)*
10	11	12	13	14	15	16	17	18
Total			Total			Total		
	Employers' Share			Employers' Share			Employers' Share	
	Grand Total			Grand Total			Grand Total	
	Paid on			Paid on			Paid on	

Month			Month			Summary			
No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	No. of days for which wages paid/payable	Total amount of wages paid/payable (Rs.)	Employees' share of contribution (Rs.)	Total No. of days for which wages paid/payable in Contribu-tion period	Total amount of wages paid/payable in Contribu-tion period (Rs.)	Total Employee's share of Contribution in Contribu-tion period (Rs.)	Daily wage (26÷25) (Rs.)
19	20	21	22	23	24	25	26	27	28

Total			Total		
Employers' Share			Employers' Share		
Grand Total			Grand Total		
Paid on			Paid on		

Note : The figures in Columns 7 to 24 shall be in respect of wage periods ending in a particular calendar month.