

**FORM-F**

(See rule 6)

**Statement regarding contribution**

From .... .

(Here give the full name of the person signing the statements with description of the position he holds).

To

The Welfare Commissioner, Odisha.

.....

(Address here)

As required under rule 6 of Odisha Welfare Fund Rules, 2015. I am furnishing below the necessary particulars in relation to the amount of Rs. .... (Rupees ..... ) tendered herewith as the total amount payable by my establishment both as employees' as well as employer's contribution for the half year ending the 30th June / the 31st December..... (mention the year here).

A separate list containing the names of employees engaged for the period, amount of monthly wages drawn, by each of them as also designation of each of them is attached herewith.

**Particulars**

1. Name of the establishment with full address :
2. Whether a factory or motor transport undertaking or commercial establishment/or any other class of establishment specified by a Government notification:
3. Total number of employees' employed on preceding the 31st December; or the 30th June(as the case may be)
4. Total number of employees' from whom contributions have been deducted for the period:
5. Total amount of employees' contribution tendered for the period:.....
6. Total amount of employer's contribution tendered for the period:
7. Grand total of both the employees' as well as the employer's contributions deducted and tendered respectively for the period: .....
8. Whether full payment of the amount due to the period has been tendered :

9. Amount of unpaid balance; if any, and the reasons there for.
10. Mode of payment whether in cash or by Bank Demand Draft or Money Order ? If by Money Order, mention postal receipt number and date thereof. If by Demand Draft, mention name, Branch and address of the Bank on which drawn, D.D. number and date:
11. Remarks, if any:

I hereby declare that the before mentioned particulars are true and correct, to the best of my knowledge and belief.

Place:

Date:

**Signature with designation or  
description of the post held with official  
seal.**