

(To be deposited with Form 'A' to Delhi Labour Welfare Board)

Name & Address of the Bank with Account No. Punjab National Bank
Challan for Delhi Labour Welfare Fund
Delhi Labour Welfare Board
(Govt. of NCT of Delhi)
Vikas Sadan, 2nd Floor
Sham Nath Marg,
New Delhi - 110054
A/C No. 1527002108837341

Name & Address of the Establishment
Sunrise Integrated Facility Pvt. Ltd.
SCO-18, 1st Floor, Sec-16, Panchkula - 134109
Dated: 11/1/21

Details of Payment	Amount
(a) Employer's Contribution	4861.00
(b) Employee's Contribution	1621.00
(c) Unpaid Accumulation	0.00
(d) Interest	0.00
(e) Arrear	0.00
(f) Others	0.00
Total Rs.	6482.00

Period 07-2020/12-2020
(Rs. in words) : Six Thousand Four Hundred Eighty Two.

By Cash, Cheque, Bank Draft No. _____

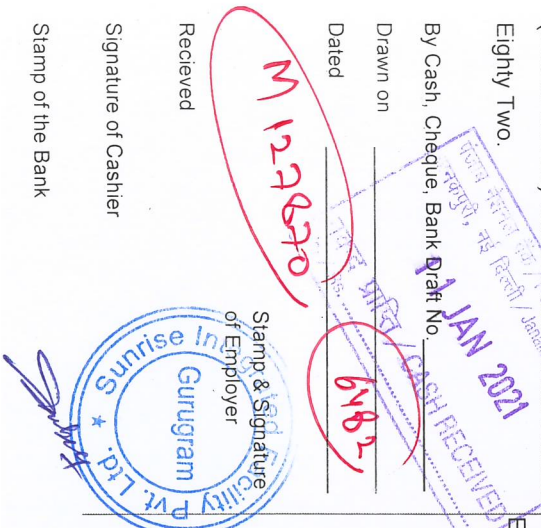
Drawn on _____

Dated _____

Received

Signature of Cashier

Stamp of the Bank



(Employer's Copy)

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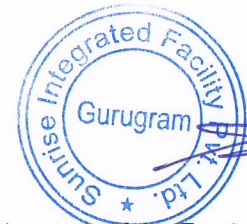


Form 'A'

See Rule 3(4) of Delhi Labour Welfare Fund Rules, 1997

Statement of Employees' and Employers' Contribution for the six Months of 01st July to 31st December - 2020 respectively

1. Name of the Establishment **Sunrise Integrated Facility Pvt Ltd**
2. Name of the Employer
3. Class of Establishments (i.e. whether factory of motor mini bus service, a shop, commercial establishment, residential hotel, restaurant, eating house, theater or other place of public amusement or entertainment) **Contractor**
4. Address of the Establishment **Sunrise Integrated Facility Pvt Ltd,
SCO 18, 1st Floor Sector 16,
Panchkula, Haryana-134109**
5. Total of the Employees whose Names stands on the Establishment Register on the 01st July / 31st December 2020
6. (a) Employees' contribution at the rate of Rs. 0.75 per Employee **2160*0.75 = 1621**
- (b) Employers' contribution at the rate of Rs. 2.25 per Employer **2160*2.25 = 4861**
- (c) Unpaid Accumulation **0.00**
- (d) Interest **0.00**
- (e) Arrear **0.00**
- (f) Others **0.00**
7. Total of Sub-Entries (a) and (b) of Entry 6 **6482**
8. Whether the Contribution has already been paid to the Welfare Commissioner, if so, whether by Cheque, Money Order or Cash and Details thereof. **No. (Copy of Challan enclosed)**



Signature of the Employer