

**FORM - 6**

Name of the Factory/Establishment :																						REGISTER OF EMPLOYEES ( Regulation 32 (1) of ESIC Regulation 1950)			
ESI Code No.					ESI Local Office :												Contribution period From								
Serial Number	Employee Id	Insurance Number	Name of insured person	Occupation	Month - April / October			Month - May / November			Month - June / December			Month - July / January			Month - September / March			Total No. of days in contribution period for which wages	Total Amount of wages paid/ payable in the	Total Employees share of contribution in the contribution	Daily Wages 25 /26		
					No.of days for which wages paid/ payable	Total Amount of Wages paid / payable	Employee s' Share of Contribution	No.of days for which wages paid/ payable	Total Amount of Wages paid / payable	Employees ' Share of Contribution	No.of days for which wages paid/ payable	Total Amount of Wages paid / payable	Employees' Share of Contribution	No.of days for which wages paid/ payable	Total Amount of Wages paid / payable	Employees ' Share of Contribution	No.of days for which wages paid/ payable	Total Amount of Wages paid / payable	Employee s' Share of Contribution						
1	2	3	4	6															1	2	3	4			