

FORM-D
(Rule-3A)

KARNATAKA LABOUR WELFARE FUND
STATEMENT OF EMPLOYER'S & EMPLOYEE'S CONTRIBUTION TO BE SENT BY THE EMPLOYER BY
15TH January.....

- 1) Name & Address of the Establishment :
Total no. of units to be mentioned
- 2) Name of the Employer :
- 3) Total No, of the Employees' Whose :
Names stand in the Establishment
Register as on 31st December.....
- 4) Employees' Contribution @ Rs.6 :
- 5) Employer's Contribution @ Rs.12 :
- 6) Total of Items 4 & 5 :
- 7) Whether the Contribution is sent by :
Cheque, Bank Draft, Crossed Demand Draft
In Favor of **Welfare Commissioner, Bangalore** : DD/Cheque No.....Date.....
Amount Rs Bank Name.....

Signature of Employer and Seal

(Please return the form duly filled for 20---)

-----cut hear-----

Please return the form duly filled to the above address,

Date:

PAY BY JAN 15TH of every year.

Welfare Commissioner