



कर्मचारी भविष्य निधि संगठन
Employees' Provident Fund Organization
भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 08/06/2026 11:19:09

Payment Confirmation Receipt

TRRN :	2606380094776
Challan Status :	Payment Confirmed
Challan Generated On :	08-JUN-2026 10:09:25
Establishment ID :	PBCHD0037468000
Establishment Name :	SHIVALIK HILLS COLLEGE OF EDUCATION
Challan Type :	Monthly Contribution
Wage Month :	MAY-2026
Total Amount (Rs) :	21,629
Account-1 Amount (Rs) :	13,514
Account-2 Amount (Rs) :	500
Account-10 Amount (Rs) :	7,184
Account-21 Amount (Rs) :	431
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	State Bank of India
CRN :	002080626655245
Payment Confirmation Date :	08-JUN-2026
Payment type :	Full



REGISTERED UNDER SPREE
Regional Office
EMPLOYEES' STATE INSURANCE CORPORATION
Plot No.3, Panchdeep Bhawan, Sector 19-A, Madhya
Marg, CHANDIGARH,

C-11 Regd. with a.d.

To
M/s.HOLY CHILD SMART SCHOOL

Dated : 29/12/2025

Holy Child Smart School
Village Patti Post Office Manakpur
Tehsil Nangal, 140125

Sub : Implementation of the E.S.I. act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(3)/1(5) of the ESI Act, as amended.

Dear Sir(s),

1. It is informed that under section 1(3) of the ESI Act, 1948 is applicable to all factories covered under the Act within the area where your factory is situated.
2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishments Under Section 1(5) of the Act in this area
3. Under Section 2 A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the Act.
4. On the basis of the particulars in respect of your factory/establishment submitted by you/ on the basis of the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 26/12/2025. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act.
6. You are also requested to submit employer's registration form (form 01) on line, as required under the provisions of sec.2-A of the ESI Act , 1948 read with regulation 10-B of the ESI(General), Regulations, 1950(only in case your Code No. is allotted as a result of Survey by a Social Security Officer of ESI Corporation).
7. For the sake of convenience your factory/establishment has been allotted code No **12000937160001301** which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **Branch Manager, ESI Corporation, H.No. 28, Shaheed-e-Azam Bhagat singh Nagar, Near D.C. Residence, Ropar(Punjab)14001** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

8. A State wise list of ESI Dispensaries is available on our website www.esic.nic.in under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

9. The Corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI Act and Regulations on your part.

10. All the Branches of State Bank of India are authorized to accept the ESI Contribution.

11. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website www.esic.nic.in under the link Publications which may be downloaded for wide publicity for the smooth functioning of the Scheme

12. Please indicate your Code No. on all correspondences to avoid delay

13. **This is a computer generated letter and does not require any signature.**

Yours faithfully,

Asstt./Dy. Director

Encl. : As state above

Copy for information and necessary action to:

Name of the principal employer : Deepraman Singh Kathuria

No. of employees : 17

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY



ESIC
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

Transaction Details

* Required Fields

Transaction status:	Completed successfully.
Employer's Code No:	12000937160001301
Employer's Name:	HOLY CHILD SMART SCHOOL
Challan Period:	May-2026
Challan Number :	01226123411030
Challan Created Date	09-06-2026 12:53:15
Challan Submitted Date	09-06-2026 12:53:21
Amount Paid:	9083
Transaction Number:	IGAUCUWVM0

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