



REGIONAL OFFICE  
EMPLOYEES' STATE INSURANCE CORPORATION  
Rajendra Bhawan, Rajendra Place, New Delhi.  
ISO-9001:2000 Certified

No. D/11-10-105524-1001-P01.  
To

Dated: 06/10/2008

M/s ABSOLUTE SECURITY SERVICES PRIVATE LIMITED RAVI KAPUR  
15<sup>th</sup> FLOOR  
SATYA NIKETAN  
NEW DELHI  
DELHI-110021

Subject: Implementation of the ESI Act, 1948 and Registration of employees of the Factories and Establishments under Section 2(12)/1(5) of the Act as amended

Dear Sir/s,

It is informed that under section 1(3) of the E.S.I. Act, 1948 the Central Government has vide notification No.SF-12(36) Dated 29/03/1975 made the provisions of the Act applicable to all factories/establishments covered under the Act within the (Area) **PALAM (DELHI)**

1. It is further informed that the appropriate Government has extended the provisions of the Act to other establishment under Section 1(5) of the Act with effect from **28/03/1975 (vide notification No.F-27(2)/75 Dated 29/03/1975**.
2. 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 to principal employer thereof to insure his employees and pay contributions in respect of these employees covered under the Act.
3. On the basis of the particulars in respect of your factory/establishment submitted by you, the report of the inspection conducted by the Insurance Inspector/Branch Office Manager who inspected your factory/establishment on **25/09/2008** your factory/establishment falls within the purview of the Section 1(5) of the Act with effect from **10/08/2008 (PROVISIONAL)** In case, however, subsequent facts reveal that your factory/establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provision of the Act from such earlier date.
4. It is requested to take immediate steps for registration of your employees by submitting Declaration Forms, payment of contribution, maintenance of record etc., from the date of coverage of your factory/establishment under the Act.
5. For the sake of convenience your establishment has been allotted code No **11-10-105524-1001**. which may kindly be used in all communication sent to this office and on all forms at the places indicated for the purpose. The Branch office of the Corporation situated at **PALAM** 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.
6. It is requested that publicity may kindly be given to list of Insurance Medical Practitioners, State Insurance Dispensaries to enable your employees to choose their State Insurance Dispensaries/ Insurance Medical Practitioner. Required forms etc., may please be collected from the Branch office mentioned above to which all your employees will also be attached.
7. 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 early compliance under the provisions of the ESI Act, Regulation on your part.
8. A list of Bank Branches who are authorized to accept ESI Contributions is enclosed. You may choose one of the Branches convenient to you, under intimation to this office and to the concerned branch of the State Bank of India and deposit the ESI dues in that branch only. In case no intimation is received within 15 days of the receipt of the letter the amount of contribution in one of the specified branch would be considered as *Nominated Branch* for your factory/establishment.
9. A brochure/leaflet containing benefits available under the scheme and obligation of the employer etc. is enclosed herewith with request to give wide publicity towards smooth functioning of the scheme.
10. Please indicate your Code No. on all correspondences to avoid delay.

Yours faithfully

for Regional Director.

**Encl. As stated**

Copy for information and necessary action to:

1. The Manager, Branch Office: **PALAM**.
2. 103A Branch/Co-ordination Branch
3. The Insurance Inspector \_\_\_\_\_ Division \_\_\_\_\_
4. The Dy. Director (Finance) 5. C-6 Branch 6. Benefit Branch 7. EPF OFFICE

for Regional

Director

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

EMPLOYEES STATE INSURANCE CORPORATION  
E.S.I HOSPITAL COMPLEX, ANANDMAI MARG  
OKHLA INDUSTRIAL AREA PHASE - I  
NEW DELHI - 110020

No. D/SRO/20-00-105524-000-1001/BEC

Date: 08/10/14

To

M/s Absolute Facility Management Services Pvt. Ltd.  
10, 2<sup>nd</sup> Floor Satya Niketan,  
New Delhi - 110021.

Sub: - Change of Name of the Company

Reference to your letter No.NIL dated 12-7-13 in which you have requested to change the address of the unit. The below mentioned change of address has been made in this office records.

From (OLD NAME)	To (NEW NAME)
M/s Absolute Security Services Pvt. Ltd.	M/s Absolute Facility Management Services Pvt. Ltd.

This is for your information and for office records.

Yours faithfully,

  
(M.K.SHARMA)  
DIRECTOR

Copy to:

- (1) Branch Office,.
  - (2) Branch Office,
  - (3) EDP Cell.
- For information and necessary action

DIRECTOR