

MAHARASHTRA LABOUR WELFARE BOARD

H.B. Genu, Kamgar Kreedha Bhavan, Senapati Bapat Marg,
Elphinstone, Mumbai-400 013 Tel.No.24306717 / 24227758 / 24360738

PROFORMA FOR NEW COVERAGE
(UNDER THE BOMBAY LABOUR WELFARE FUND ACT 1953)
MAHARASHTRA LABOUR WELFARE FUND

To be submitted by employer along with one or more of the documents mentioned below for obtaining code numbers for MLWF.

Name & address of the establishment / Factory for communication	:	
Details of Head office / Branch with address	:	
Name of the Employer / Directors partners	:	
Telephone & Fax no	:	
Date of incorporation / commencement	:	
Starting of the Estt. / Factory / Business	:	
Nature of the establishment / Factory /Business	:	
Detail of M.L.W.F. Code No. (if any allotted earlier to the estt./Factory)	:	-
Number of employees	:	Direct
	:	Contract
	:	Total

Employees & Employers contribution details given overleaf for the period from 01.12.2013 To 31.12.2013 i.e. from the date of inception / starting of the establishment / factory / business, it is verified that the details furnished above are correct to the best of my knowledge and belief.

Enclosed – B'bay Shops & Estt.Licns. / Factory Licns. / Incorporation Certificate/ SSI Registration / Contractors Licence

NAME & SIGNATURE OF THE EMPLOYER WITH SEAL OFFICE USE ONLY

OFFICE USE ONLY

TO ISSUE NEW CODE NO	:	
ASSTT.WELFARE COMMISSIONER (R)	:	ALLOTTED NEW ESTT.CODE NO

Period From 30.06.1993 to 30.06.2000

	Slab	Contribution Rates		
		Employees' Contribution ₹	Employer's Contribution ₹	Total Contribution ₹
Employees drawing wages/salary upto and inclusive of ₹1000/- p.m	I	1.50	4.50	6.00
Employees drawing wages/salary exceeding of ₹1000/- p.m	II	3.00	9.00	12.00

Period From 31.12.200 onwards

	Slab	Contribution Rates		
		Employees' Contribution ₹	Employer's Contribution ₹	Total Contribution ₹
Employees drawing wages/salary upto and inclusive of ₹3000/- p.m	I	6.00	18.00	24.00
Employees drawing wages/salary exceeding of ₹3000/- p.m	II	12.00	36.00	48.00

Name of the Employer

Address of the Employer

PERIOD	SLAB	NO. OF EMPLOYEES	AMOUNT OF CONTRIBUTION	AMOUNT OF PENAL INTEREST	REMARKS