

**PROFORMA SEEKING RECTIFICATION OF CONTRIBUTION REMITTED UNDER A WRONG
INSURANCE NUMBER**

PART- A

(TO BE FILLED BY THE APPLICANT EMPLOYER)

Request From:

Employer Name :
Code No. :

1. Original Number allotted to the Employee :
(Based on Manual Declaration Form)
2. Wrong Number under which contribution has :
been / is being remitted wrongly
3. From which month the wrong remittance had :
started
4. Until which month it has been remitted (Please :
attach month wise wage / contribution details)
5. Whether Pehchan Card obtained : YES / NO
6. If yes, under which insurance number :

(Please attach copy of Pehchan card & TIC/PIC)

We request to kindly transfer the contribution wrongly remitted by us back to correct Insurance Number as given in serial no.1 above

We also herewith enclose the following under the Company Letter Head & Seal.

- a) Month wise statement as given in Point nos 3 & 4.
- b) Written statement assuring that such mistakes would not be repeated in future.

Date:

Name of the Employer:

Designation & Seal:

PART- B

BRANCH MANAGERS REPORT ON APPLICANT'S INSURANCE NUMBER

1. Employee's Original Insurance Number (10 digit) :
2. Employee's wrong Insurance No.(10 digit)
3. Whether both the numbers belong to the same Employer : YES / NO
4. If No, Employer of wrongly remitted number (Name/Code/BO to which it is attached) :
5. Whether name of the IP, under both the numbers/TICS are same? : YES / NO
6. Whether data under the fields other than the "name" in the TIC are also same? : YES / NO
7. Whether the correctness of wage particulars has been confirmed with the wage records of the applicant ? (Enclose details) :

[If point No. 5 & 6 is 'Yes', then the employer has edited the names and other details online (under update IP details tab which was editable earlier). The applicant-employer has replaced the data of the actual card-holder with that of his employee. Hence, in such cases condonation letter is to be invariably obtained from the applicant-employee].

PART- C

TO BE FILLED BY THE BRANCH MANAGER

(or)

THE EMPLOYER TO WHOM THE WRONG IP NUMBER BELONGS TO

(Details to be obtained from the Employer of the IP under whose number contribution has been wrongly remitted).

1. Name of the Employee :
Insurance No. (under which the applicant had wrongly remitted) :
2. Employee Service Details
Whether presently in Service : Yes / No
If No, Date of Leaving :
If Yes, Date of entry into insurable Employment :
Length of Service as on date :
3. Whether Pehchan Card has been obtained : Yes/ No
(under that number)
4. Any objections regarding transfer of wrongly remitted contributions from this insurance number :

Signature of the Employer/ Branch Manager
(Seal)

[If the Employee under Part-C had left service, and if there is no intersection (overlapping) between the period of his service with that of the Applicant's request period in Part A then the Branch Manager can straight away recommend the case for transfer. However, if there is an overlapping / Intersection, in the service periods, then the details of the online wages of the employees concerned are to be reconciled with the wage data obtained from both their employers to avoid conflict later.]

PART -D

TO BE FILLED BY THE BRANCH MANAGER

ENCLOSURES FROM APPLICANT

1. Copy of Pehchan.
2. Copy of TIC.
3. Month wise salary/ contribution statement for the wrongly remitted period.
4. Assurance letter from Employer stating such mistakes would not be repeated again in future.
5. Condonation letter in company Letter pad signed by authorized signatory with name/designation/phone; (optional).

ENCLOSURES FROM BRANCH MANAGER

1. Manual Declaration Form(DF)
2. Month wise salary statement to be verified and also countersigned by Branch Manager with remarks "verified found correct".
3. Confirmation from the Employer of the IP, to whose insurance number contribution was mistakenly remitted by the Applicant Employer (or) Certificate from the Branch Manager to this effect.

Recommendation of the Branch Manager

The Application has been verified with the records as well as with the other Employer and found correct. Hence Regional Office (RO) may transfer the contributions as detailed below.

Field	From	To
Insurance No.		
For the month		

Remarks:

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(Signature of Branch Manager)
Seal

NOTE:

1. Part A to be filled by the Applicant
2. Part B to be filled by the Manager
3. Part C to be filled by the mistaken IP's Employer, the onus lies on the Branch Manager to contact this Employer.(If the details could be verified online; then the Branch Manager himself can fill Part C)
4. Part D is the recommendation of the Manager

To

The Regional Director (Benefit)
Regional Office, ESIC, Chennai-600 034