

**PROFORMA STATEMENT TO BE OBTAINED FROM THE CONTRACTOR**

NAME & ADDRESS OF THE PRINCIPAL EMPLOYER:

TN/

NAME & ADDRESS OF THE CONTRACTOR :

TN/

MONTH:

Sl. No.	Name of the Employee	Father's Name	Date of Joining [DD/MM/YYYY]	PF A/c No.	No. of days worked	Total Wages paid	Wages for PF	Contribution
						[in Rupees]		

I/We hereby certify that all the above employees who were actually deployed in your establishment during \_\_\_\_\_ 2011, have all been covered under EPF & MP Act, 1952 and the contributions in respect of them for the month of \_\_\_\_\_ 2011 have been remitted by me/us under Code No. TN/\_\_\_\_\_ maintained at \_\_\_\_\_ RO/SRO on \_\_\_\_\_.

DATE:

SIGNATURE OF THE CONTRACTOR