COMPLIANCES CHECKLIST FOR CONTRACTOR

(To be attached with every bill completed in all respect)

NAME OF CONTRACTOR:	Egis Facility Management Services Pvt. Ltd.
UNIT/PREMISES:	Devki Devi Foundation SAKET

BILL DETAILS

BILL FOR THE MONTH:	December-2017	Total Bill Amount(In Rs):	58866

ACTUAL WAGES PAID: Basic: Gross(Rs):

PF AMOUNT: ESI AMOUNT:

ACTUAL WAGES PAID DATE:

Attach copy of Bank Transfers/ Cheque details of Salary

Sl.No.	LAW/PART RELATED WITH	CHECKLIST	MARK √ OR X	REMARKS
1	The Employees State Insurance Act 1948	ESI CHALLAN	✓	Previous month to be attached
		ECR COPY (Previous Month) in PDF	✓	Hard+Soft copy in Excel(With PF & ESIC Nos)- PF ECR AND FORM-7
2	As Per EPF & M.P ACT, 1952	EPF CHALLAN	✓	Previous month to be attached
		ECR COPY (Previous Month) in PDF	✓	Hard+Soft copy in Excel
3	As per contract Labour (R & A) ACT,1970	LICENCE(CL) NO	N.A.	
		FORM XXIV (HALF YEARLY RETURN) CL ACT	-	
4	As per Minimum Wages & Payment Wages Act	UNSKILLED Nos	2	
		SEMI SKILLED Nos	-	
		SKILLED Nos	1	
		ATTENDANCE REGISTER (Current Month)	✓	Hard+Soft copy in Excel
		WAGE SHEET (Current Month) in Form 17	✓	Hard+Soft copy in Excel
		WAGE REGISTER in Forn -16	✓	WAGE SHEET CURRENT MONTH
		WAGE SLIPS IN FORM XIX (ATTACH SAMPLES)	✓	Current Month
		PAYMENT THROUGH ETGS/ CHEQUE ONLY	✓	
		UPLOADING OF INFORMATION ON WEBSITE	✓	BEING UPLOADED QUARTERLY
5	Attachments with Bills	Along with the Checklist items in bold caps above these may also be attached		
6	Undertaking of PF & ESIC		✓	ENCLOSED WITH ECR
7	Declaration		✓	With each bill- Undertaking
8	Details of the employees in the beginning of bill month	Bill Month	✓	Hard+Soft copy in Excel(With PF & ESIC Nos)- PF ECR AND FORM-7
9	Details of the employees at the end of bill month	Bill Month	✓	Hard+Soft copy in Excel(With PF & ESIC Nos)- PF ECR AND FORM-7

Submitted by:

Signature of Auth. Representative of Vendor with name

DATE OF RECEIPT OF BILL TO USER DEPARTMENT: Received by:

Sig & Name user Department

Signature with name of Checker (From Administration)   Signature with name of Verifier (From HR)

Date:................   Date:................