## VENDOR MONTHLY COMPLAINCES FORMAT

Name & Address of the Vendor	Name of the Principal Employer & Address	Month	Oct-20
	IBM INDIA (P) LTD. INDIA RESEARCH LAB_ NEW DELHI	ESIC.Reg. No.	11000387100001001
M/S IMPRESSIONS SERVICES (P) I TO 603-603A & 604		EPF . Reg No.	DL\20485
UDYOG VIHAR, PHASE V GURUGRAM, HARYANA -			
122016		Professional Tax. Reg.No	NA

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3 NUR HOSSAIN	2 BOBBY KUMAR	PRADEEP SINGH	Name of the employee
ABUL HOSSAIN	MUNNA LAL	BHAG CHAND SINGH 100765129502	Father's Name
100620669088	101436945455	100765129502	Employee's PF UAN Number
1115622438	1115588446	1115562918	Employee's ESI Number
26	26	26	No. of days worked during Basic wage DA the month
14842	14842	17991	Basic wage
0	0	0	DA
0	0	0	HRA & Other Allowance
0	0	0	Overtime Hour
0	0	0	Overtime Wages
15012	15012	17991	Gross
1800	1800	2159	Deduction of EPF
113	113	135	ESIC Deduction
0	0.0	0	Deduction LWF, if any
0	0	0	eduction Deduction Net WF, If any PT, If any Amoun
13099	13099	15697	Net Amount

We hereby Certify that the above mentioned employees PFIESIC has been remitted with the respective department against challan attached for the Month of...OCT-20.. We hereby affirm that we will be liable to pay any financial liabilities in case of such liabilities arise in future in regard to the documents submitted by us.

(sphu Kuma)

For (Impressions Services (P) Ltd.)