



ICE 1698800000 (Update ID: 747882)

Additional Information Regarding ICE

ICE 1698800000: GP IND: Change in format of ESI Form 7 and ESI Form 6.

Description:

The format and layout of ESI Form 6 and ESI Form 7 has been changed. Form 7 is now known as Form 6 and Form 6 is now know as Form

Implementation changes

The layout of ESI Form 7 and ESI Form 6 has been changed. Form 6 is now known as ESI Form 5 and Form 7 is known as ESI Form 6. Since the names of these forms have been changed, implementation changes include modification of the respective SQR's and the online navigation to print these reports.

The overall changes:

- Online navigation is modified with the new names of the reports.
- The set up page of ESI Form 5 is modified to capture month, bank and bank branch details of ESI remittance, as required in new ESI Form 5 report.
- ESI local office field is moved from old Form 7 Run Control page, as this is no longer required there, to the Establishment Data IND page (Path: Set Up HRMS > Product Related > Global Payroll & Absence Mgmt > Framework > Establishment Data IND), as this field is part of the ESI registration data for an establishment.
- The ESI challan number field in the '*Employer's Challan Number Details*' grid-box was removed since it is no longer required. This grid-box now contains a field for the month for which the challan was remitted and a filed for its respective date.

Step 1: Navigation for New ESI Form 6 – For report generation:

Path: Global Payroll & Absence Mgmt → Authority Correspondence → Print ESI Form 6 IND

The month and date of the employer's ESI Remittance Challan has to be entered in the '*Employer's Challan Number Details*' grid-box.

ESI local office field is removed from this page since it is no longer required here and is added to Establishment Data IND page as it is a part of the establishment's ESI registration data.

Menu

- Workforce Monitoring
- Set Up HRMS
 - Install
 - Security
 - Upgrade
 - Foundation Tables
 - Common Definitions
 - Product Related
 - Recruiting
 - Workforce Administration
 - Compensation
 - Time and Labor
 - Payroll for North America
 - Commitment Accounting
 - Global Payroll & Absence Mgmt
 - System Settings
 - Elements
 - Framework
 - Organizational
 - Element Groups
 - Eligibility Groups
 - Pay Entities
 - Pay Groups
 - Establishment Data IND
 - Processing
 - Calendars
 - Schedule

Establishment Registration | ESI Registration | Provident Fund Registration

Establishment ID: KPEST1

Employee State Insurance Details Find | View All First 1 of 1 Last

Registration Type

Employee State Insurance Workmen's Compensation Act Both

Effective Date: 04/01/2002

ESI Local Office: ESI Local office, Bangalore

Registration Number: KAESI01

Registration Date: 01/01/2002

Registration Renewal Date: 01/01/2003

Save Return to Search Notify Update/Display Include History Correct History

Step 3: Setup Page for ESI Form 5 - Define ESI Form 5 Data:

Path: Global Payroll & Absence Mgmt → Year –End Processing → Define ESI Form 5 Data.

Challan details with the month and bank information needs to be entered on Form 5 setup page.

Menu

- Processing
- Payslips
- Payment Processing
- Time and Labor / GL Costs
- Taxes
- Authority Correspondence
- Year-End Processing
 - Define Form 3A Data IND
 - Define Form 5 Data IND
 - Define ESI Form 5 Data IND
 - Define Form 12BA Data IND
 - Define Form 24 and 16 Data IND
 - Create Year End Reports IND
- Workforce Development
- Organizational Development
- Enterprise Learning
- Workforce Monitoring
- Set Up HRMS
- Set Up SACR
- Worklist
- Application Diagnostics
- Tree Manager
- Reporting Tools
- PeopleTools

Define ESI Form 5 Data New Window | Customize Page | http

Establishment ID: KPEST1

Period ID: KPM05M04 **Begin Date:** 04/01/2005 **End Date:** 04/30/2005

Challan Date	Amount	Month	Bank ID	Short Description	Bank Branch ID	Description
04/07/2005	1000.000	APR	KPHDFC	HDFC	KPHD0021	HDFC Koramangala
04/20/2005	3000.000	MAY	KPICICI	ICI	KPIC0011	ICICI Greater Kailash PT-1

Save Return to Search Notify

New columns for Month, Bank and Bank branch details have been added.

Step 4: Navigation for New ESI Form 5 - For report generation:

Global Payroll & Absence Mgmt → Year –End Processing → Create Year End Reports IND

Menu

- Processing
 - Payslips
 - Payment Processing
 - Time and Labor / GL Costs
 - Taxes
 - Authority Correspondence
- Year-End Processing
 - Define Form 3A Data IND
 - Define Form 5 Data IND
 - Define ESI Form 5 Data IND
 - Define Form 12BA Data IND
 - Define Form 24 and 16 Data IND
 - Create Year End Reports IND
- Workforce Development
- Organizational Development
- Enterprise Learning
- Workforce Monitoring

New Window | Ct

Year End Reports

Run Control ID: sss [Report Manager](#) [Process Monitor](#) [Run](#)

Language: English

*Report Name: GPINYE06 ESI Form 5

Period ID: KPM05M04 Begin Date: 04/01/2005 End Date: 04/30/2005

Payee Sort Option: Employee ID, Employee Rcd Nbr

Establishment ID: KPEST1 *Creation Date: 01/01/2005

Payee List

EmpID	Name
1	

Menu

- Time and Labor
- Global Payroll & Absence Mgmt
 - Payee Data
 - Absence and Payroll
- Processing
 - Payslips
 - Payment Processing
 - Time and Labor / GL Costs
 - Taxes
 - Authority Correspondence
- Year-End Processing
 - Define Form 3A Data IND
 - Define Form 5 Data IND
 - Define ESI Form 5 Data IND
 - Define Form 12BA Data IND
 - Define Form 24 and 16 Data IND
 - Create Year End Reports IND
- Workforce Development
- Organizational Development
- Enterprise Learning
- Workforce Monitoring
- Set Up HRMS
- Set Up SACR
- Worklist

New Window | Customize F

Process Scheduler Request

User ID: HCRIND Run Control ID: sss

Server Name: Run Date: 01/31/2008

Recurrence: Run Time: 12:01:50PM [Reset to Current Date/Time](#)

Time Zone:

Process List

Select	Description	Process Name	Process Type	*Type	*Format	Distribution
<input type="checkbox"/>	Form 5	GPINYE07	SQR Report	Web	PDF	Distribution
<input type="checkbox"/>	Form 24	GPINYE1	PSJob	(None)	(None)	Distribution
<input type="checkbox"/>	Form 16 /Form 16AA	GPINYE2	PSJob	(None)	(None)	Distribution
<input type="checkbox"/>	Form 12BA	GPINYE3	PSJob	(None)	(None)	Distribution
<input type="checkbox"/>	Form 3A	GPINYE4	PSJob	(None)	(None)	Distribution
<input type="checkbox"/>	Form 6A	GPINYE5	PSJob	(None)	(None)	Distribution
<input checked="" type="checkbox"/>	ESI Form 5	GPINYE6	PSJob	(None)	(None)	Distribution

[OK](#) [Cancel](#)

**Sample Report – ESI Form 5:
Page 1:**

FORM 5
RETURN OF CONTRIBUTIONS
EMPLOYEES' STATE INSURANCE CORPORATION
 (Regulation 26)

Name of Branch Office.....

Employer's Code No. KAESI01.....

Name and Address of the Factory or Establishment:

207
 Golden Towers
 Richmond Road
 Bangalore
 Bangalore
 KA
 IND

Particulars of the Principal employer(s)

a) Name Pratik K Kumar
 b) Designation Manager-Finance
 c) Residential Address

Contribution Period From 01/01/2008 To 31/01/2008

I furnish below the details of the Employer's and Employee's share of contribution in respect of the under mentioned insured persons. I hereby declare that the return includes each and every employee, employed directly or through an immediate employer or in connection with the work of the factory /establishment or any work..... connected with the administration of the factory/establishment or purchase of raw materials, sale or distribution of finished products etc., to whom the ESI Act, 1948 applies, in the contribution period to which this return relates and that the contributions in respect of employer's and employees share have been correctly paid in accordance with the provisions of the Act and Regulations.

Employers' Share...Rs.1346.15.....
 Employers' Share...Rs.3653.85.....
 Total Contribution.....Rs.5000.00.....

Page 2:

Details of Challans :-

Sl.No	Month	Date of Challan	Amount	Name of the Bank and Branch
1	JAN	17/01/2008	5000.00	HDFC Bank HDFC Koramangala

Place: Bangalore
 Date: 31/01/2008

Total amount paid: Rs. .5000.00.....

Signature and Designation of the Employer
 (with Rubber Stamp)

Important Instructions :Information to be given in "Remarks Column (No. 9)"

- (i) If any I.P. is appointed for the first time and/or leaves during the contribution period, indicate "A.....(date)" and/or "L.....(date)".
- (ii) Please indicate Insurance Nos. in ascending order.
- (iii) Figures in columns 4, 5 and 6 shall be in respect of wage periods ended during the contribution period.
- (iv) Invariably strike totals of columns 4, 5 and 6 of the Return.
- (v) No overwriting shall be made. Any corrections, if made, should be signed by the employer.
- (vi) Every page of this Return should bear full signature and rubber stamp of the employer.
- (vii) Daily wages in column 7 of the return shall be calculated by dividing figures in column 6 by figures in column 4 to two decimal places.

For *CP ending 31st March, due date is 12th May
 For CP ending 30th September, due date is 11th November.

Page 3:

EMPLOYEES' STATE INSURANCE CORPORATION

Employer's Name and Address: 207, Golden Towers, Richmond Road, Bangalore, Bangalore, KA, IND
 Employer's Code No. KAESI01.....Period from...01/01/2008 To...31/01/2008

Sl.No	Insurance No.	Name of Insured Person	No of days for which wages paid	Total amount of wages paid (Rs.)	Employees contribution deducted (Rs.)	Average Daily Wages (Rs.)	Whether still continues working	Remarks
1	2	3	4	5	6	7	8	9
1		Rajkumar N Goenka	23	2,500.00	43.75	108.70		
2		Diya A M	23	4,570.00	79.08	198.72		
3		Muneer S Ahmed	23	6,360.00	111.30	276.62		
4	21435	Shanka Jain	23	33,200.00	0.00	1443.48		
Total			92	46,630.00	236.03	2027.42		

Signature of the Employer

*Date of appointment and leaving the job may be given in remarks column.

(FOR OFFICIAL USE)

- 1. Entitlement position marked.
- 2. Total of Col. 5 of Return checked and Found correct/correct amount is indicated.
- 3. Checked the amount of Employer's/Employee's contribution paid which is in order / observation memo enclosed.

Countersignature.....

U.D.C

Head Clerk

Branch Officer

=== End ===