



FORM - I

(See Rules 7 of the Building & Other Constructions Workers Welfare cess rules, 1988)

Registration No. : _____ Registering Authority _____

(Under Building and Other Construction Workers' Regulation of Employment and Conditions of Service Act, 1996)

1. Name of the Establishment :
2. Address :
3. Name of work :
4. No. of Workers employed :
5. Date of Commencement of work : Estimated Period Work :
Date Month Year Month Year

6 Estimated Cost of Consturction		DETAILS OF PAYMENT OF CESS	
Stages	Cost	Amount Challan No. and Date	Advance - A Deduction at SURce-D Final-F
1 st Year			
2 nd Year			
3 rd Year			
4 th Year			
TOTAL			

Name of Employer :

Date :

TO BE FILLED BY ASESSING OFFICER

Signature of the Employer

7. Date of Completion :
8. Final Cost :
9. Date of Assessment :
10. Amount Assessed :
11. Date of Appeal, if any :
12. Date of order in Appeal :
13. Amount as per Order in Appeal :
14. Date of transfer of cess to the Board :
15. Amount transferred - Challan No and Dated :

Signature
Designation