

ESI Remittance Reconciliation Statement

Employee State Insurance Corporation

Employer Name: XYZ Pvt. Ltd.

ESI Registration No.: 12-34567-890

Address: 123, Industrial Area, City, State, PINCODE

Statement Period: May 2024

Remittance Summary

S. No.	Challan No.	Challan Date	Bank Name	Employee Contribution (₹)	Employer Contribution (₹)	Total Amount (₹)
1	CHL123456	04-06-2024	ABC Bank	16,000	43,000	59,000
2	CHL123457	14-06-2024	DEF Bank	14,800	39,700	54,500
TOTAL				30,800	82,700	113,500

Employee Contribution Details

Employee Code	Employee Name	Wages (₹)	Employee Share (₹)	Employer Share (₹)	Total (₹)
EMP101	Ravi Kumar	21,000	399	1,042	1,441
EMP102	Sita Singh	17,500	333	868	1,201
EMP103	Manoj Das	15,600	297	774	1,071
TOTAL		54,100	1,029	2,684	3,713

Prepared by: HR Department

Date: 20-06-2024

Signature: _____

Important Notes:

- This statement should match with challans and records submitted to the ESI Corporation.
- Any discrepancy in employee or contribution data should be reported immediately.
- Maintain supporting documents (salary sheets, challans) for audit purposes.
- Remittance deadlines must be strictly followed to avoid penalties.
- The statement must be signed by an authorised signatory.