

C-2
18

GOVERNMENT OF PAKISTAN
MINISTRY OF TEXTILE INDUSTRY

Islamabad, the 22nd April, 2010

NOTIFICATION

3(20)TID/10-P-I.- In pursuance of entry 7 of item 29A of Schedule II to the Rules of the Business, 1973, the Federal Government, in order to encourage women employment in textiles industry and support the handicapped employees, is pleased to make the following Order, namely:

1. **Short title, content and commencement.**- (1) This Order may be called the Reimbursement of Punjab Social Security Contribution Order, 2010.
 - (2) It extends to whole of Punjab.
 - (3) It shall be applicable only to the extent of payments made by textiles units towards Social Security contributions for women workers and handicapped employed in respective units.
 - (4) It shall come into force at once. The reimbursements under this Order shall be allowed for the payments made from the 1st October, 2009.
2. **Eligibility.**- (1) All textiles units industry registered with the Ministry of Textile Industry shall be eligible under this Order.
 - (2) The unit shall be a registered sole proprietor, partnership or a company and shall be a member of a Textiles Association registered with the Directorate General of Trade Organizations, Ministry of Commerce.
 - (3) The registered units shall furnish data and any information related to the unit's operations, employees, domestic sales, accounts and exports as and when required by the Ministry of Textile Industry.
3. **Procedure for Claims.**- (1) The units shall submit R-1 and modified R-2 /R-3 and C-1 schedule forms specified at Annexure I, II and III respectively to PESSI (Punjab Employee Social Security Institute) alongwith special identification number provided by the Ministry of Textiles Industry and PESSI registration number.
 - (2) Textiles units claiming re-imburement shall submit revised C-1 schedule form specified at Annexure III on monthly basis and claims should be filed with PESSI on prescribed application at Annexure IV on quarterly basis.

(3) PESSI shall forward the application claims of textile units duly signed and verified by designated officer of PESSI to Textile Commissioner's Organization (TCO) on quarterly basis to make payments to claimant textiles units equivalent to contribution (without increase under section 23 of PESSI Ordinance) made by them for female and handicapped employees in the preceding quarter.

(4) Textile Commissioner's Organization will issue cheques to the eligible textiles units within a month after receipt of complete verified complete documents.

4. **Periodical audit.**- (1) The receipt of reimbursement payments shall be properly reflected in the book of accounts and other relevant financial statements of the unit.

(2) Random, on-the-spot checks and audits shall be carried out where deemed necessary by the PESSI/TCO or their representatives to verify the authenticity of information provided by the unit and reimbursement received under this Order.

5. **Penalties for contravention.**- Any unit which is in contravention of the provisions of this Order, through acts of omission or commission, furnishes information for fraudulent and false claim, shall be liable to penalties under General Statistic Act No.LXIX of 1975, SRO 11(KE)/79 of TCO.

6. **Appellate authority.**- The appellate authority, in cases where penalties have been imposed shall be the Secretary, Ministry of Textile Industry.

7. **Modifications.**- The Federal Government reserves the right to make any changes, additions, deletions and modifications in the scheme under this Order which it may consider necessary.

8. **Interpretation.**- Any interpretation or clarification required regarding the application of this Order shall be made by the Ministry of Textile Industry.

9. **Applicability of the Order.**- Unless modified in terms of Section 7, the reimbursements under this Order shall be allowed for the contributions made till the 30th June, 2014.


(Dr. Arif Hussain)
Section Officer (P)
Ph.051-9217248

6
92

The Punjab Employees' Social Security Institution.

EMPLOYER'S REGISTRATION FORM.

Registration Number allotted.

--	--	--

(For Official use only)

Name of Firm.....

Employer's Name.....
(if different).

Address of principal place of business.....

Telephone Number.....
of business.....

Number of employees liable to become secured persons.....
(approximate)

Stamp of Firm.

Signature of Employer.....

Date.....

Form R-1

R-2/R-3

THE PUNJAB EMPLOYEES SOCIAL SECURITY INSTITUTION

Return of Employees Liable to become Secured Persons

Name of Establishment. _____

Registration No.			
------------------	--	--	--

Address. _____

I hereby declare that every person employed as an employee within the meaning of Section 2 (8) of the Punjab Employee's Social Security Ordinance, 1965 on in this factory/establishment has been included in this list excepting only those employees in respect of whom registration forms (Form R-2) have already been submitted.

Dated. _____

Signature _____
Title _____

Sr. No.	Name of Employee.	Father's Name.	Works Number (if any).	Registration Number allotted by Institution (for official use only)
(1)	(2)	(3)	(4)	(5)

i. Number of handicapped workers included in above list _____

ii. Number of Women Workers included in above list _____

Grand Total. (i) & (ii). _____

پنجاب ایسٹرن سوشل سیکورٹی انسٹی ٹیوشن

نارم (C-1)

(صرف ٹیکسٹائل انڈسٹری کے لئے)

ایام کارکردگی

ماہ

(کٹوری یوشن)

پیش نمبر

6	15	14	13	12	11	10	9	8	7	6	5	4	3	2
کٹوری	رقم	اجرت جس پر کٹوری	شرح اجرت	آیام کارکردگی	کام کی نوعیت کے مطابق کارکن کی درجہ بندی انتہائی مہمند / کم مہمند/ غیر مہمند۔	کارکن کی نوعیت مستقل / عارضی	عہدہ	سکورڈ نمبر	مطابق کارکن کا ایڈس کارڈ نمبر (ہوائن حکمرانی ادارہ)	مطابری کی قسم	مطور / ہائ / نہیں	جنس مرد / عورت	ولایت / ٹومر کا نام	کارکن

تصدیق کیا جاتا ہے کہ گوشوارہ میں ان تمام کارکنان کے نام درج نہیں جو اس ادارہ

فکٹری میں بعض اجرت یومیہ لٹھیہ مستقل طور پر کام کرتے ہیں۔ ادارہ ہذا میں

کام کرنے والے معذور افراد اور خواتین کارکنان کا اندراج بھی موجود ہے۔ عداوتہ الیسی

مندرجہ بالا تمام کوائف میری علم و یقین کے مطابق درست ہے۔۔۔

تاریخ

دستخط آجر نمائندہ آجر

رقم کارکنان

رقم کٹوری یوشن (ہندسوں میں)

معذور کل کارکنان۔ رقم کٹوری یوشن

اد خواتین کارکنان۔ رقم کٹوری یوشن

کارکنان: (مطور کارکنان) + (خواتین کارکنان)

کٹوری یوشن برائے (مطور کارکنان) + (خواتین کارکنان)

93

APPLICATION FOR REIMBURSEMENT OF PESSI CONTRIBUTION FOR WOMEN AND HANDICAPPED WORKERS OF TEXTILE INDUSTRY UNDER REIMBURSEMENT OF EOBI ORDER NO.I(I)/2009

Dear Sir,

We M/s Having NTN MINTEX registration No..... and ~~EOBI~~ PESSI Registration No. hereby apply for reimbursement of ~~EOBI~~ PESSI contribution of Rs. for number of women and number of handicapped workers for the period from (month/year) to (month/year).....

We further enclose following copies of documents (duly filled & signed) in support of our claim.

- i). Form R-1 (Annexure I of notification).
- ii). Form R-2 / Form R-3 (Annexure II of notification).
- iii). Form C-1 schedules (Annexure III of notification) (For claim period).
- iv). Declaration that contribution of Women and handicapped workers have been deposited with PESSI for the claim period.
- v). Please tick relevant quarter. Form PR-01 (Annexure II of notification)

October.
November.
December.

January..
February..
March..

April.
May.
June..

July..
August.
September.

Stamp & Signature of Authorized official of Company

Certified that the above claim has been examined and found correct and eligible for reimbursement of EOBI contribution for women and handicapped workers of Textile Industry.

Stamp & Signature of Designated officer of PESSI