

 <p>कर्मचारी राज्य बीमा निगम EMPLOYEES' STATE INSURANCE CORPORATION श्रम एवं रोजगार मंत्रालय, भारत सरकार MINISTRY OF LABOUR & EMPLOYMENT GOVT. OF INDIA</p>	<p>क्षेत्रीय कार्यालय REGIONAL OFFICE पंचदीप भवन PANCHDEEP BHAWAN पूर्वोत्तर क्षेत्र NORTH EAST REGION बामुनीमैदाम, गुवाहाटी-781021 BAMUNIMAIDAM GUWAHATI-781021 ई-मेल / Email : rd-ner@esicner.in फोन / Phone : 0361- 2550357 फैक्स /Fax : 0361- 2650522 वैबसाइट /Website : www.esicner.in / www.esic.nic.in</p>
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PHASE-I / PHASE-II [Tick whichever applicable]

First Category / Second Category [Tick whichever applicable]

PRELIMINARY SURVEY REPORT

SL. NO.

DATE:.....

STATE:

DISTRICT:

AREA/SUB-DIVISION:

MOUJA:

JL NO.:

P.S:

PIN CODE:

1. Name of the Factory/Establishment:
2. Complete Postal Address:
3. a) Nearest Railway Station & Distance from the unit.....
b) Nearest Bus Stop & distance from the unit.....
4. a) Name of the Proprietor/Partner/Occupier/Owner:.....
b) Contact No: Email-Id:
5. Person in Charge/Contacted:
a) Name & Designation:
- b) Contact No. (Mob):
- c) E-mail ID:
6. Exact Nature of Business:
7. Number of employees as on/...../..... (DD/MM/YEAR) (Including regular employees/casual employees/contractual employees/part time):.....
8. Details of branch offices/head offices/sales offices etc.:
a) Address:.....
b) Number of employees:.....
c) Person-in-charge:.....
d) Phone No.:.....
9. Medical facilities (Govt./Private) available nearby: *To be submitted in the attached pro-forma, 1 report For 1 area of a district.*

The above information has been collected from records of the employer, viz. _____ / Verbally from the person contacted at Sl. 5 above.

SIGNATURE OF THE SURVEYOR

**COUNTERSIGN / CERTIFIED
PROJECT IN-CHARGE**

INFROMATION RELATING TO QUERY No: 9 OF ANNEXURE - II

NAME OF THE DISTRICT :

NAME OF THE TOWN :

NAME OF THE AREA / LOCATION :

SL	NAME OF THE FACILITY/INSTITUTION	GOVT./PRIVATE	ADDRESS E-MAIL CONTACT No	NAME OF THE NODAL OFFICER / CONTACT No / E-MAIL