

LABOUR CESS DEPOSIT FORM

1. Name & Address of Contractor/Company : _____

2. Name & Address of Principal Employer : _____

3. Name & Place of Work : _____

4. Work Order No. & Date : _____

5. BOCW Registration No : _____

6. Ph. No. : _____

6. Total Work order Amount: _____ Total CESS Amount : _____

7. Running Bill Amount : _____

8. Secured Adv: _____ Cess 1st RA: _____ Cess 2nd RA: _____

Cess 3rd RA : _____ Cess 4th RA: _____ Cess 5th RA: _____

Cess 6thRA : _____ Cess 7th RA: _____ Cess 8th RA: _____

Balance : _____

Demand Draft or Cheque :

Name of Bank : _____

Cheque No. : _____ Date : _____

Depositor's Signature

FOR OFICIAL USE

1) Assessing Officer:

Cess Payable Amount: _____

2) Dealing Assistant:

Received an amount of Rs. (by Cash / Cheque)

(Cheque No..... Dated:.....)

Receipt No..... Date:.....

Date of Record:.....

D/A Signature