

MAHARASHTRA LABOUR WELFARE BOARD

H.B. Genu, Kamgar Kreedha Bhavan, Senapati Bapat Marg, Elphinstone, Mumbai-400 013

Tel.No.24306717 / 24227758 / 24360738

**PROFORMA FOR NEW COVERAGE
(UNDER THE BOMBAY LABOUR WELFARE FUND ACT 1953)
MAHARASHTRA LABOUR WELFARE FUND**

To be submitted by employer along with one or more of the documents mentioned below for obtaining code numbers for MLWF.

Name & address of the establishment /
Factory for communication

Details of Head office / Branch with address

Name of the Employer / Directors partners

Telephone & Fax no

Date of incorporation / commencement

Starting of the Estt. / Factory / Business

Nature of the establishment / Factory /Business

Detail of M.L.W.F. Code No.

if any allotted earlier to the estt./Factory

Number of employees

Direct (permnt. /temp/casual)_____Through contract_____Total

Employees & Employers contribution details given overleaf for the period from _____
to _____ i.e. from the date of inception / starting of the establishment / factory / business,
it is verified that the details furnished above are correct to the best of my knowledge and belief.

Enclosed – B'bay Shops & Estt.Licns. / Factory Licns. / Incorporation Certificate SSI
Registration / Contractors Licns.

**NAME & SIGNATURE
OF THE EMPLOYER WITH SEAL**

OFFICE USE ONLY

TO ISSUE NEW CODE NO.

ASSTT.WELFARE COMMISSIONER (R)

