

Employees Old Age Benefits Institution

Employers Name _____ Registration No. _____ Sub-code _____

Statement of Employees for the Financial Year (July to June)

S.No	IP's Regist: No.	NIC/CNIC No.	Token No	Name of Insured Person	Father/Husb: Name	G r e n d e	Date of Birth	Date of Entry into Service	Date of Exit (If any)	Days Worked	Wages Paid	Contribution			Remarks
												Employer's	Employee's	Total	
Total															

Employer's Signature and Seal