

Government of Pakistan
Ministry of Textile Industry

No.3(20)TID/10-P-I

Islamabad, the 22nd April, 2010

Memorandum

Subject: **Re-imbusement of Social Security Contribution to Women & Handicapped Employees of Textile Industry**

Please find enclosed herewith the two (02) notifications of this Ministry namely:-

a. Reimbursement of Punjab Social Security Contribution Order, 2010
[No.3(20)TID/10-P-I dated 22nd April, 2010]

b. Reimbursement of Sindh Social Security Contribution Order, 2010
[No.3(21)TID/10 P-I dated 22nd April, 2010]

2. The notifications are being forwarded for information, record and further necessary action.

Encl: As above

1. **The Textile Commissioner,**
Textile Commissioner's Organization, Karachi
2. **The Commissioner,**
Punjab Employees' Social Security Institution, Lahore.
3. **The Commissioner,**
Sindh Employees' Social Security Institution, Karachi.

(Dr. Amir Husain)
Ph: 051-9217248

Copy to:

1. Chairman, All Pakistan Bed-sheets & Upholstery Manufacturers Association
2. Chairman, Pakistan Hosiery Manufacturers & Exporters Association
3. Chairman, All Pakistan Textile Mills Association
4. Chairman, Pakistan Readymade Garments Manufacturers & Exporters Association
5. Chairman, Pakistan Denim Manufacturers & Exporters Association
6. Chairman, All Pakistan Textile Processing Mills Association
7. Chairman, Pakistan Knitwear & Sweaters Exporters Association
8. Chairman, Pakistan Cotton Fashion Apparel Manufactures & Exporters Association
- ✓ 9. Chairman, Towel Manufacturers Association of Pakistan
10. Chairman, Pakistan Bed-wear Exporters Association
11. Chairman, Pakistan Textile Exporters Association
12. Chairman, Pakistan Cloth Merchants' Association
13. Chairman, Pakistan Carpet Manufacturers & Exporters Association

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.

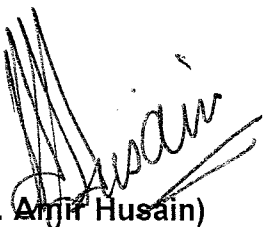
5. Penalties for contravention.- Any unit which is in contravention of the provisions of this Order, through acts of omission or commission, furnishes information for fraudulent and false claim, shall be liable to penalties under General Statistic Act No.LXIX of 1975, SRO 11(KE)/79 of TCO.

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. Anjir Husain)
Section Officer (P-I)
Ph.051-9217248

The Punjab Employees' Social Security Institution.

EMPLOYER'S REGISTRATION FORM.

Registration Number allotted.

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(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

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.

Signature _____

Dated. _____

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 ایمپلائز سوشل سیکورٹی انسٹی ٹیوشن

فارم (C-1)

(صرف ٹیکسٹائل انڈسٹری کے لیے)

ایام کارکردگی

ماہ

(کنٹری بیوشن)

بیشن نمبر

6	15	14	13	12	11	10	9	8	7	6	5	4	3	2
کتبہ	رقم	اجرت جس	شرح اجرت	ایام	کام کی نوعیت کے	کارکن کی	عہدہ	سوشل	معدور کارکن	معدوری کی قسم	معدور	جنس مرد /	ولدیت /	ام کارکن
	کنٹری	پرکٹیکل		کارکردگی	مطابق کارکن کی درجہ	نوعیت مستقل		سیکورٹی نمبر	کا انڈیکس	ہاں / نہیں	عورت	شہر کا نام		
	بیوشن واجب				بندی انتہائی مندرجہ	عارضی /			کارڈ نمبر					
	الدا ہے۔				کم مندرجہ / غیر				(ازالہ حکومتی					
					مندرجہ۔				ادارہ)					

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

فیکٹری میں بعض اجرت یومیہ / ٹھیکہ / مستقل طور پر کام کرتے ہیں۔ ادارہ ہذا میں

کام کرنے والے معدور افراد اور خواتین کارکنان کا اندراج بھی موجود ہے، علاوہ ازیں

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

دستخط آجر نمائندہ آجر

تاریخ

رقم کنٹری بیوشن (ہندسوں میں) _____

کارکنان _____

رقم کنٹری بیوشن _____

معدور کارکنان۔ _____

رقم کنٹری بیوشن _____

خواتین کارکنان _____

معدور کارکنان) + (خواتین کارکنان) _____

کنٹری بیوشن برائے (معدور کارکنان) + (خواتین کارکنان) _____

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 Registration No. hereby apply for reimbursement of EOBI 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

GOVERNMENT OF PAKISTAN
MINISTRY OF TEXTILE INDUSTRY

Islamabad, the 22nd April, 2010

NOTIFICATION

3(21)/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 Sindh Social Security Contribution Order, 2010.

(2) It extends to whole of Sindh.

(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 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-2(P) and C-1 schedule forms specified at Annexure I, II and III respectively to SESSI (Sindh Employee Social Security Institution) alongwith special identification number provided by the Ministry of Textiles Industry and SESSI 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 SESSI on prescribed application at Annexure IV on quarterly basis.

(3) SESSI shall forward the application claims of textile units duly signed and verified by designated officer of SESSI 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 SS 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 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 SESSI/ TCO or their representatives to verify the authenticity of information provided by the unit and reimbursement received under this Order.

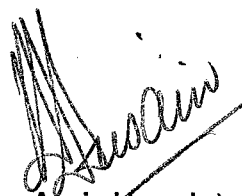
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9. Applicability of the Order.- Unless modified in terms of Section 7, the reimbursements under this Order shall be allowed for the contributions made till the 30th June, 2014.



(Dr. Amir Husain)
Section Officer (P-I)
Ph.051-9217248

SINDH EMPLOYEES SOCIAL SECURITY INSTITUTION

EMPLOYER'S REGISTRATION FORM

Registration Number Allotted

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for officer use only

Name of Firm _____

Employer's name _____

Address of principal place of business _____

Telephone Number _____

Nature of business _____

Number of employees liable to become secured persons _____

(Approximate)

Signature of Employer _____

Date _____ 198

(Stamp of Firm)

Form R-1.

P.T.O.

Left Thumb impression of secured person
in addition to his signature, if literate.

Encls:-

1

Copy of CNIC of the Secured Person (attested by the Area Nazim / Employer) and Form "B" issued by NADRA in respect of his minor children.

2

Three colour passport size photographs of the Secured Person (attested by Area Nazim / Employer) and each dependent of the age of three years and above.

STAMP OF EMPLOYER

Signature & Designation of Employer

FOR OFFICIAL USE ONLY

Social Security Number Allotted

Form R-2

Over leaf PARTICULARS OF DEPENDENTS

S.No	Name	Age	Mark of identification	Relationship with worker	C.N.I.C.No	Signature/Thumb impression

Sindh Employees' Social Security Institution
PARTICULARS OF SECURED PERSON

Name _____

Address _____

* Man	<input type="checkbox"/>
* Woman	<input type="checkbox"/>
* Mark with X in appropriate box	

Date of birth (if known) Day _____ Month _____ Year _____ OR Age _____ Years _____

Place of birth _____ Occupation _____

Father's name _____

C.N.I.C.No. _____

Date of appointment _____

Marital status of secured person. Single* Married* Widower* Divorced*

* Mark with X in appropriate box

If married, state name of wife or wives _____

If married woman, state name of husband _____

Dispensary for medical treatment _____

Left Thumb impression of secured person in addition to his signature, if literate.

Encls:-

1 Copy of CNIC of the Secured Person (attested by the Area Nazim / Employer) and Form "D" issued by NADRA in respect of his minor children.

2 Three colour passport size photographs of the Secured Person (attested by Area Nazim / Employer) and each dependent of the age of three years and above.

STAMP OF EMPLOYER _____ Signature & Designation of Employer _____

FOR OFFICIAL USE ONLY

Social Security Number: _____

Form R-2

Over leaf PARTICULARS OF DEPENDENTS

S.No	Name	Age	Mark of Identification	Relationship with worker	C.N.I.C.No.	Signature/Thumb impression

ادارہ سماجی تحفظ مہلا زمین (سندھ)

درخواست برائے رجسٹریشن والدین

جناب ڈائریکٹر سوشل سیکورٹی

ڈائریکٹوریٹ

جناب عالی

میں بسکی

والد

بھیت

سوشل سیکورٹی نمبر

میں ملازم ہوں میرے والد والدہ کا کوئی ذریعہ معاش نہیں ہے اور میں ان کا کفیل ہوں۔ لہذا مندرجہ ذیل کوائف کے مطابق ان کا رجسٹریشن کیا جائے۔ ان کی دو عدد تصویریں بمعہ نقل شناختی کارڈ پیش کریں۔

دستخط/نشان انگوٹھا

تحفظ یا قید شخص

رہائش پتہ

والدہ کے کوائف

زوجیت

نام

این آئی سی نمبر

شناختی نشان

تاریخ پیدائش

دستخط/نشان انگوٹھا

والد کے کوائف

زوجیت

نام

این آئی سی نمبر

شناختی نشان

تاریخ پیدائش

دستخط/نشان انگوٹھا

رہائش پتہ (۱)

(۲)

تصدیق کی جاتی ہے کہ بسکی

والد

میں ملازم ہے۔ اور اس کے مندرجہ بالا کوائف ہمارے علم کے مطابق درست ہیں۔

تاریخ

دستخط و مہر آجر

کوائف کی تصدیق کر کے مہر کو برائے ڈسپنسری جاری کیا گیا۔

دستخط و مہر

مجاز انفر سوشل سیکورٹی

فارم آر ۲ (پی)

Sindh Employees' Social Security Institution

CONTRIBUTION SCHEDULE No. _____

of _____ 20

Registration Nur

--	--

f Employer _____

Social security number	CNIC No.	Name of employee (Insert in numerical order of Social Security Number)	Designation	Gender (Male/Female)	Handicapped (Yes/No)	Nature of Disability	Handicapped's Index Card No.	GROSS WAGES PER			TIME WORKED	Amount on which Contribution is Payable		Employer's Social Security Contribution		R
								Day	Week	Month	Number of days	Rs.	Ps.	Rs.	Ps.	
												Total...				
												Amount Payable Rs.				

CERTIFICATE

I certify that this schedule includes the names of all insurable employees of this firm, and information given regarding their employment and wages is correct.

Signature _____

Position in firm _____

Address _____

Stamp & Signature of Authorized official of Company

APPLICATION FOR REIMBURSEMENT OF SESSI CONTRIBUTION FOR WOMEN AND HANDICAPPED WORKERS OF TEXTILE INDUSTRY

Dear Sir,

We M/s Having NTN MINTEX registration No..... and EOBI Registration No. hereby apply for reimbursement of EOBI 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 SESSI for the claim period.
- v). Please tick relevant quarter. Form PR-01 (Annexure II of notification)

October.	January..	April.	July..
November.	February..	May.	August.
December.	March..	June..	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 SESSI