

SIND EMPLOYEE S' SOCIAL SECURITY INSTITUTION

Certificate of Contributions and Wages

(Sickness Benefit, Injury Benefit and Maternity Benefit)

Name of Secured Person

Social Security Number

Son/Daughter/Wife of

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Occupation

Deptt., Section, Work No. Shift etc

I certify that * (i) In the case of above-mentioned person the Social Security Contribution for 90/180 days during the preceding 6/12 months has been duly paid/is payable. The detail is as follows :

Month		Number of days	Month		Number of days
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		
Total			Total		

☐ (ii) He/She was in my service at the time of accident (Date)...../197.....

☐ (iii) The last date of his/her work was...../197.....

☐ (iv) The rate of wages last paid to him/her was :

Rs.....(Rupees.....) per day/week/fortnight/month

Rs.....(Rupees.....) (earned during the last week

fortnight/month for.....days. (For Contract/piece rate workers)

Registration Number of Employer

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Date...../197.....

Employer's Stamp

(Signature of Employer)