

**Recommendation of the ESI/EPF Authorities**

This is to certify that an amount of Rs...../- has been remitted to the ESI/EPF Account of ..... Who is the employee of M/s..... by .....towards employer contribution to the contributory Fund of ESI/EPF for the period from .....to .....

(Seal)

Date:  
Place:

Regional Director/Joint Director/  
Chief Executive Officer