

FLOW CHART OF PROCESS OF FUNDS REIMBURSEMENT FOR EOBI

The unit will submit information related to reimbursement of EOBI claims by login at www.rdacell.com and filling the form online. (the form link is available at a link at left side of the page after login)

The Textile unit registered with MINTEX & EOBI will submit the following to EOBI.

- | | |
|------|--|
| i. | Modified PE-01 and PR01 Forms (Annexure-I&II as per Notification) |
| ii. | Revised PR-02-A Form on Monthly Basis (Annexure-III as per Notification) |
| iii. | Application/claim forms shall be submitted to EOBI on Quarterly Basis along with following documents (Annexure-IV as per Notification) |
| a). | Form PR-01 |
| b). | Form PR-02 A |
| c). | Form PR-03 |



The EOBI, after checking the above documents shall forward the Claim applications of textile units duly signed & verified by designated officers of EOBI on Quarterly basis to TCO.



- | |
|---|
| <ul style="list-style-type: none">• The TCO after cross-checking and completing internal verification process will make payments to compliant textile units equivalent to the contribution made by them for female and handicapped employees. |
|---|

Note. The scheme is entitled since October, 2009, one time allowance is allowed to Textile unit to submit their claims of first eight (8) quarters. The cutoff date is 15th January; 2012. The Re-imbusement process would start after one month of cutoff date after verification of documents.

FLOW CHART OF PROCESS OF FUNDS REIMBURSEMENT FOR SESSI

The unit will submit information related to reimbursement of SESSI claims by login at www.rdacell.com and filling the form online. (the form link is available at a link at left side of the page after login)

The Textile units registered with MINTEX and SESSI shall submit to SESSI

- i. R-1 Form (Annexure-I as per Notification)
- ii. Modified R-2/R-2(P) form (Annexure-II as per Notification)
- iii. Revised C-1 schedule form on monthly basis (Annexure-III as per Notification)
- iv. Prescribed application on Quarterly Basis along with following documents (Annexure-IV as per Notification)
 - a). Form R-1
 - b). Form R-2
 - c). Revised Form C-1 Schedules
 - d). Undertaking (Annexure-V)



- SESSI after checking above documents, shall forward the claim applications of textile units duly signed and verified by designated officer of SESSI to TCO on quarterly basis.



- The TCO after cross-checking and completing internal verification process will make payments to compliant textile units equivalent to the contribution made by them for female and handicapped employees.

Note. The scheme is entitled since October, 2009, one time allowance is allowed to Textile unit to submit their claims of first eight (8) quarters. The cutoff date is 15th January; 2012. The Re-imbursment process would start after one month of cutoff date after verification of documents.

FLOW CHART OF PROCESS OF FUNDS REIMBURSEMENT FOR PESSI

The unit will submit information related to reimbursement of PESSI claims by login at www.rdacell.com and filling the form online. (the form link is available at a link at left side of the page after login)

The Textile units registered with MINTEX and PESSI shall submit to PESSI

- i. R-1 form (Annexure-I as per Notification)
- ii. Modified R-2/R-3 form (Annexure-II as per Notification)
- iii. Revised C-1 schedule form on monthly basis (Annexure-III as per Notification)
- iv. Prescribed application on Quarterly Basis along with following documents. (Annexure-IV as per Notification)
 - a). Form R-1
 - b). Modified Form R-2/R-3
 - c). Revised Form C-1 Schedules
 - d). Undertaking (Annexure-V)



- PESSI after checking above documents shall forward the claim applications of textile units duly signed and verified by designated officer of PESSI to TCO on quarterly basis.



- The TCO after cross-checking and completing internal verification process will make payments to compliant textile units equivalent to the contribution made by them for female and handicapped employees.

Note. The scheme is entitled since October, 2009, one time allowance is allowed to Textile unit to submit their claims of first eight (8) quarters. The cutoff date is 15th January; 2012. The Re-imbusement process would start after one month of cutoff date after verification of documents.

Ann. D.G, EOBI.

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From
Textile Comm. org.

To be published in the next issue
of the Gazette of Pakistan

Government of Pakistan
Ministry of Textile Industry

Islamabad the 16th February, 2010

Notification

No.3(6)TID/09-P-I In partial modification of Ministry of Textile Industry Order titled "Re-
imbursement of EOBI Contribution, 2009" issued vide Notification No.1(1)/2009 dated
30th September, 2009, the following amendments shall be made:-

2. Sub section (2) of Section 3 shall be substituted as, namely;

"Textile units claiming re-imbursement shall submit revised PR-02-A form
specified at Annexure III on monthly basis whereas claims shall be submitted on
application form specified at Annexure IV on quarterly basis to EOBI".

3. Sub section (3) of Section 3 shall be substituted as, namely;

"EOBI shall forward the claim applications of textile units duly signed & verified
by designated officers of EOBI to Textile Commissioner's Organization on
quarterly basis to make payments to compliant textile units equivalent to the
contribution made by them for female and handicapped employees in the
preceding quarter".

4. Sub section (4) of Section 3 shall be omitted.

5. Sub section (2) of Section 4 shall be substituted as, namely;

"Random, on-the-spot checks and audits shall be carried out where deemed
necessary by the EOBI/TCO or their representatives to verify the authenticity of
information provided by the unit and re-imbursement received under this Order".

6. Section 5 shall be substituted as, namely;

"Penalties for contravention.- any unit which in contravention of the provisions
of this Order, through acts of omission or commission, files fraudulent or false
claim shall be liable to penalties under General Statistics Act No.LXIX of 1975,
SRO 11(KE)/79 of TCO."

(Enclosed: Annexure IV)

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

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GOVERNMENT OF PAKISTAN
MINISTRY OF TEXTILE INDUSTRY

Islamabad, the 30th September, 2009

NOTIFICATION

1(1)/2009.- 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 EOBI Contribution, 2009.

(2) It extends to whole of Pakistan.

(3) It shall be applicable only to the extent of payments made by textiles units towards EOBI 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) The reimbursement shall be available to all textiles industry registered with the Ministry of Textile Industry.

(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 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 modified PE-01 and PR01 forms specified at Annexure I and II respectively to EOBI along with special identification number provided by the Ministry of Textiles Industry and EOBI registration number.

(2) Textiles units claiming re-imburement shall submit revised PR-02-A form specified at Annexure III to EOBI on monthly basis.

(3) EOBI shall forward instructions duly signed by notified persons to NBP, on quarterly basis to make payments, to compliant textiles units equivalent to contribution made by them for female and handicapped employees in the preceding three months.

(4) NBP will make payments to the beneficiaries on receipt of instructions from EOBI. The payments will be made from the same branches through which the EOBI contributions were made and through the mode and method as may be determined by the NBP.

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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 EOBI or its representatives to verify the authenticity of information provided by the unit and reimbursement received under this Order.

5. **Penalties for contravention.**- Any unit which in contravention of the provisions of this Order, through acts of omission or commission, files fraudulent or false claims shall be liable to penalties under EOBI Act of 1976.

6. **Appellate authority.**- The appellate authority 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 or to discontinue the scheme under this Order at any time.

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.

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

(4)
(8)

Annexure-IV

APPLICATION FOR REIMBURSEMENT OF EOBI 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 PR-01 (Annexure II of notification)
- ii). Form PR-02-A (Annexure III of notification)
- iii). PR-03 (Dully filled and signed by bank)

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 EOBI

**EMPLOYEES
OLD-AGE BENEFITS
INSTITUTION**

PR-01

Province	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Code	Registration Number								
<input type="text"/>					<input type="text"/>				
Sub Code					Regional				
					FO Code				
Best Code	<input type="text"/>				<input type="text"/>				<input type="text"/>
Sector Code	<input type="text"/>								<input type="text"/>

APPLICATION FOR REGISTRATION UNDER EMPLOYEE'S OLD AGE

Type of	Mandatory	<input type="text"/>
Registration	Voluntary	<input type="text"/>
	Notified	<input type="text"/>

1. Full name of establishment _____
2. Address _____
 Union Council _____ City/Distt. _____ Town _____ Postal code _____
3. E-mail Address _____
4. If it is branch state address of Head office _____
 Phone No _____ Fax No _____
5. Date of Establishment _____
 came into existence
6. Present no of Employees _____
7. Date the number of employees first totaled 10 or more: _____
- 8A. Number of Male employees _____
- 8B. Number of female employees _____
- 8C. Number of handicapped employees _____
9. If previously registered with E.O.B(L) Please state Registration No: _____
10. Number of Employees totaled less than 10/ applies voluntarily _____
11. Nature of business, Industry or service _____
12. SRO no if covered by Notification _____

I/we apply for registration under the employers old age benefit scheme and declare that all the information given to be correct

Authorized Signature _____

Date _____

Name _____

Designation _____

Seal of the
Establishment

.....For Office Use Only.....

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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. Arif Hussain)
Section Officer (P)
Ph.051-9217248

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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

R-2/R-3

THE PUNJAB EMPLOYEES SOCIAL SECURITY INSTITUTION

Return of Employees Liable to become Secured Persons

Name of Establishment. _____

Registration No.			
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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.

Dated. _____

Signature _____
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 ایپلائز سوشل سیکورٹی انسٹی ٹیوشن

نظام (C-1)

ایام کارکردگی

(صرف ٹیکسٹائل انڈسٹری کے لئے)

ماہ

(کٹوری یوشن)

پیش نمبر

6	15	14	13	12	11	10	9	8	7	6	5	4	3	2
کٹوری	رقم	اجرت جس پر کٹوری	شرح اجرت	آیام کارکردگی	کام کی نوعیت کے مطابق کارکن کی درجہ بندی انتظامی ہر سند / کم ہر سند / غیر ہر سند۔	کارکن کی نوعیت مستقل / عارضی	عہدہ	سکورڈ نمبر	مطابق کارکن کا ایڈکس کارڈ نمبر (ہوائن حکمرانی ادارہ)	سماوری کی قسم	مطور / ہان / نہیں	جنس مرد / عورت	ولایت / ٹومر کا نام	کارکن

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

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

کام کرنے والے معذور افراد اور خواتین کارکنان کا اندراج بھی موجود ہے۔ عداوتہ الیسی

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

تاریخ

دستخط آجر نمائندہ آجر

رقم کارکنان

رقم کٹوری یوشن (ہندسوں میں)

معذور کل کارکنان۔ رقم کٹوری یوشن

اد خواتین کارکنان۔ رقم کٹوری یوشن

کارکنان: (مطور کارکنان) + (خواتین کارکنان)

کٹوری یوشن برائے (مطور کارکنان) + (خواتین کارکنان)

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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~~ PESSI Registration No. hereby apply for reimbursement of ~~EOBI~~ PESSI 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