

FORM No. 5

MONTHLY RETURN TO BE FURNISHED BY THE EMPLOYER

The Kerala Abkari Workers Welfare Fund Scheme, 1980

[See sub para (2) in para 27]

Name and address of the establishment :

Name and address of the employer :

Name and address of the employer	Date on which the worker become eligible for regis- tration	Total service of the worker	Remarks
(2)	(3)	(4)	(5)

cc:

Signature of the Employer.

e: