



DEPARTMENT OF LABOUR
GOVERNMENT OF SIKKIM
GANGTOK - 737101

Sl. No.: _____

Dated : ____ / ____ / ____

RECEIPT OF WELFARE CESS

1. Name of Contractor/ Department: _____

2. Address: _____

3. Work & Location (in detail): _____

4. Total Work Value: _____

5. Whether Final/ Running Bill: _____

6. Value of the Current Bill (From the Authority): _____

7. Cess Amount : _____

Received Vide **DD/ Cheque** No : _____

Dated : ____ / ____ / ____ as PART PAYMENT/ FULL PAYMENT of Cess.

8. Date of Completion : _____

7. Name of the Department/ Establishment Granting the Work : _____

CESS COLLECTOR
Under Building & Other Construction
Workers Welfare Cess Act, 1996
Labour Department