COPY OF APPLICATION SUBMITTED ONLINE FOR ALL OTMENT OF REGISTRATION NUMBER

(Acknowledgement Number 3338184545)

(Note: Allotment of Registration Number will be subject to verification of the PAN)

NAME OF THE ESTABLISHMENT : ABHISHEK ENTERPRISES

ESTABLISHMENT CODE

: PUPUN1444596000

PAN OF THE ESTABLISHMENT : ALXPD5935D

ADDRESS: LINE 1 : MARUTI MANDIR BAZAR PETH

LINE 2 : INDUR CITY : PUNE

State: MAHARASHTRA

District : PUNE

PIN : 410507

COUNTRY : INDIA

PHONE NUMBER

9763114605

FAX NUMBER

E-MAIL ADDRESS

: svengineering4444@gmail.com

WEB ADDRESS

DOCUMENT CHOSEN AS PROOF OF ADDRESS : 1, any license/certificate/number issued by any Govt. authority

SET UP DETAILS

DATE OF SETUP OF ESTABLISHMENT : 2016-02-01

DOCUMENT NAME

REFERENCE NUMBER

: Others

DATE OF ISSUES OF DOCUMENT

: 0074196

: 2016-02-24

ISSUED BY, PLACE

: MUMBAI DUKANE

BUSINESS ACTIVITY AND OWNER'S DETAILS

ESTABLISHMENT TYPE (Whether a Factory) NO

COVERAGE UNDER SECTION

0000001(4)

PRIMARY BUSINESS ACTIVITY

: ENGINEERS - ENGG. CONTRACTORS

LICENSES DETAIL

LICENSE UNDER	LICENSE NUMBER	DATE	ISSUED BY	PLACE OF ISSUE
Shops and	0074196	2016-02-24	MUMBAI SHOP	PIMPRI CHINCHWAD
Establishments Act			ORGNISATION	

WHETHER ESTABLISHMENT COVERED UNDER ESIC

WHETHER ESTABLISHMENT ID WORKING THROUGH AID OF POWER

OWNERSHIP TYPE	REGISTRATION/LETTER NUMBER	DATE OF REGISTRATION/LETTER	ISSUED BYIPLACE
PROPRIETORY FIRMS	0074196	2016-02-01	MUMBAI DUKANE

OWNER'S DETAIL

PARTICULARS OF OWNERS

SL NO	GENDER, NAME, DESIGNATION	PAN, DIN	DATE OF BIRTH	FATHER'S NAME	ADDRESS	MOBILE NUMBER, E-MAIL ID	DATE FROM WHICH IN POSITION
1	MALE ASHOKKUMAR SARJUPRASAD DUBEY, PROPRIETOR		1982-05-01	SARJUPRASA D	S/O SARJUPRASAD DUBLEY	9763114605, sveng meening4444@gmail	

PARTICULARS OF LESSEE

Whether the Establishment on Lessee: Yes From Date: 2016-01-13 To Date: 2016-12-12

SL NO	GENDER, NAME, DESIGNATION	DATE OF BIRTH	FATHER'S NAME	RESIDENTIAL ADDRESS	MOBILE NUMBER, EMAIL ID	DATE FROM WHICH IN POSITION
1	MALE, ASHOKKUMAR DUBEY, PROPRIETOR	1982-05-01	SARJUPRASAD	NEAR MARUTI MANDIR. INGALE	9753114605 sveing interting4444@gmax com	20/6-02-01

EMPLOYEE DETAILS

NUMBER OF EMPLOYEES AS ON DATE OF APPLICATION 5

NUMBER OF EXCLUDED EMPLOYEES

DATE OF AGREEMENT BETWEEN EMPLOYER AND EMPLOYEES 2016-02-01

(MAJORITY)

ANY SUBSEQUENT DATE MENTIONED IN THE AGREEMENT

: 20 16-02-01 DATE FROM WHICH ACT WILL BE APPLIED 2016-02-01

BANK DETAILS

BANK NAME	BRANCH NAME	IFS CODE	ACCOUNT NUMBER	ACCOUNT TYPE
UNION BANK OF INDIA	TALEGAON DABADE	UBIN0558397	583901010050028	CURRENT ACCOUNT

BRANCH DETAILS

Whether the establishment is having a single Unit or has several Units (Branches): Single Unit