

**EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)****EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)****EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para 10)****(1st RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)**

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10000186522.]

Code Number : PUPUN1793282000

1. Name of Establishment : DEVI GAYATRI INDUSTRIAL SERVICES
2. Code Number of the Establishment under EPF Scheme 1952 : PUPUN1793282000
3. Postal address of the Establishment and its branches : G.NO.502,SHREE SASTE APPA SAVAKARAM, PUNE NASHIK HIGHWAY, MOSHI NEAR OF KAJALE PETROL PUMP, PUNE, MAHARASHTRA - 412105 [Please see Annexure I]
4. Industry or business in which engaged : ENGINEERS - ENGG. CONTRACTORS
5. Date of commencement of business : 01/06/2018
6. Date of closure by previous management : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Ms. ARCHANA SHASHIKANT PAWAR	20/01/1990	PROPRITOR	ASHOK	VITTHALWADI SHREE KHANDERAYA PRATISHTAN CHOWK DEHUGAON PUNE MAHARASHTRA 410501	01/06/2018

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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10. If registered under Factories Act, particulars of Manager or occupier : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Ms. ARCHANA SHASHIKANT PAWAR	20/01/1990	PROPRITOR	ASHOK	VITTHALWADI SHREE KHANDERAYA PRATISHTAN CHOWK DEHUGAON PUNE MAHARASHTRA 410501	01/06/2018

Date:

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.
Signature of remaining employers:

Signature

Signature

Name _____

Name _____

Signature

Signature

Name _____

Name _____

Signature

Signature

Name _____

Name _____

Signature

Signature

Name _____

Name _____

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ANNEXURE - I

Details of Branches of the Establishment

ANNEXURE - II

List of Branches having Separate/ Sub Code Number

This Copy Is Not For Use

SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : DEVI GAYATRI INDUSTRIAL SERVICES

Address of the Establishment : G.NO.502,SHREE SASTE APPA SAVAKARAM, PUNE NASHIK HIGHWAY, MOSHI NEAR OF KAJALE PETROL PUMP, PUNE, MAHARASHTRA - 412105

Code Number of the Establishment : PUPUN1793282000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____
2. _____
3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment _____

Mobile number _____

Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.