



**PROVIDENT FUND CODE NUMBER INTIMATION LETTER**

Validity of this letter is of three wage months from date of issue. Based on remittance, inspection and submission of all documents, certificate of coverage will be made available in ECR Login.

No: 7901126330MHPUN

Date: 24-06-2015

To,

Mr. VIJAY DEORAM PATIL  
PROPRIETOR  
HARSHADA ENTERPRISES  
SNO 77/1/1 SAHAKAR CLY JYOTIBA NGR, KALEWADI PUNE  
PUNE,  
MAHARASHTRA - 411017

Sub: Allotment of Code Number to establishment M/s HARSHADA ENTERPRISES under Employees' Provident Fund and Miscellaneous Provisions Act, 1952-regarding.

Sir,

Based on the information submitted online by you, your establishment is registered with Employees' Provident Fund Organisation with the following code number :

**Code Number : PUPUN1330867**

This code number is allotted based on the following declarations by you:

1. Name of Establishment : HARSHADA ENTERPRISES
2. PAN of establishment : AXTPP0041N
3. Date on which employment strength crossed 19 : 19-06-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : ENGINEERS - ENGG. CONTRACTORS
6. Ownership Type : PROPRIETARY FIRMS
7. The address proof of the establishment is 1. any license/certificate/number issued by any Govt. authority
8. The proof of date of set up 05-11-2012 is Others.
9. As at the time of application, your establishment is having the following licenses and registrations:

| S.No. | TYPE                         | NUMBER | DATE       | ISSUED BY                              | ISSUED AT PLACE |
|-------|------------------------------|--------|------------|--|-----------------|
| a     | Shops and Establishments Act | 078962 | 05-11-2012 | PIMPRI CHINCHWAD MUNICIPAL CORPORATION | PIMPRI          |

10. As on date of your application, your establishment is not registered with ESIC .

Please take a print-out of this Intimation letter and Form 5A generated along with and submit a copy of the same together with the application form generated with the acknowledgement at the time of online submission, copies of all documents declared in the application form and attested specimen signature of the employer/authorized officer of your establishment, to the following Office of EPFO where all services related to your establishment shall ordinarily be attended to.

**REGIONAL OFFICE**

**PUNE**

2-3rd Flr,Pune Cant. Board Bldg, Near Golibar Maidan, Camp, 411001

[ro.pune@epfindia.gov.in](mailto:ro.pune@epfindia.gov.in)

Please note that This intimation letter is generated with the Owners' Details in Form 5A and the intimated letter will be valid only if the Form 5A is enclosed.

**Important information:**