



**Regional Office**  
EMPLOYEES' STATE INSURANCE CORPORATION  
Panchdeep Bhawan, No.10, Binny Peth, Binny Fields

C-11 Regd. with a.d.

To  
M/s.MADHAV AND ASSOCIATES  
#37/2 Honnenahalli Village  
Kallipura Road, Tamaka Post  
Kolar,563102

Dated : 04/02/2018

**Sub : Implementation of the E.S.I. act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(3)/1(5) of the ESI Act, as amended.**

Dear Sir(s),

1. It is informed that under section 1(3) of the ESI Act, 1948 is applicable to all factories covered under the Act within the area where your factory is situated.
2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishments Under Section 1(5) of the Act in this area
3. Under Section 2 A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the Act.
4. On the basis of the particulars in respect of your factory/establishment submitted by you/ on the basis of the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 01/12/2017. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act.
6. You are also requested to submit employer's registration form (form 01) on line, as required under the provisions of sec.2-A of the ESI Act , 1948 read with regulation 10-B of the ESI(General), Regulations, 1950(only in case your Code No. is allotted as a result of Survey by a Social Security Officer of ESI Corporation).
7. For the sake of convenience your factory/establishment has been allotted code No **5300044810000999** which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **ESI Corporation, Qtrs. No.273/274, BEML Nagar, KGF(Kolar Dist.)** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

8. A State wise list of ESI Dispensaries is available on our website [www.esic.nic.in](http://www.esic.nic.in) under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

9. The Corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI Act and Regulations on your part.

10. All the Branches of State Bank of India are authorized to accept the ESI Contribution.

11. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website [www.esic.nic.in](http://www.esic.nic.in) under the link Publications which may be downloaded for wide publicity for the smooth functioning of the Scheme

12. Please indicate your Code No. on all correspondences to avoid delay

**13. This is a computer generated letter and does not require any signature.**

Yours faithfully,

Asstt./Dy. Director

Encl. : As state above

Copy for information and necessary action to:

Name of the principal employer : G N MAHESH

No. of employees : 10

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY



**EMPLOYEES' PROVIDENT FUND ORGANISATION**

(A statutory Body under the Ministry of Labour and Employment, Government of India)

[www.epfindia.gov.in](http://www.epfindia.gov.in)

**PROVIDENT FUND CODE NUMBER INTIMATION LETTER**

No : 10000088045KRP

Date : 04/02/2018

**To,**

GOPASANDRA NARAYANAPPA MAHESH  
PROPRIETOR  
MADHAV AND ASSOCIATES  
37/2 HONNENAHALLI VILLAGE KALLIPURA ROAD TAMAKA POST  
KOLAR KOLAR  
KARNATAKA - 563102

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

**Sir/Madam ,**

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

**Code Number : PYKRP1688688000**

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

1. Name of Establishment : MADHAV AND ASSOCIATES
2. PAN of Establishment : ABAPM2477N
3. Date on which employment strength crossed 19 : -
4. Section under which covered : 0000001(4)
5. Primary Activity : ESTABLISHMENTS ENGAGED IN CLEANING, SWEEPING SERVICES
6. Ownership Type : PROPRIETORY FIRMS
7. The address proof of the establishment is :

- Copy of bank passbook/statement
- Copy of water connection in the name of the establishment
- Any license/certificate/number issued by any Govt. authority

8. The proof of date of set up 19/08/2013 is Others

9. As at the time of application, your establishment is having the following licenses and registrations:

S.No.	License Under	License Number	Date	Issued By	Place of Issue
13008 7	Others	290192200009	19/08/2013	GOVERNMENT OF KARNATAKA	BANGALORE

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

11. As on date of your application, your establishment is not having LIN.

**SUB REGIONAL OFFICE**

**K R PURAM (WHITEFIELD)**

**37/2 HONNENAHALLI VILLAGE KALLIPURA ROAD TAMAKA POST 563102**

**madhavandassociateslab@gmail.com**

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:**

1. By virtue of this registration, you are required to comply with the provision of the EPF & MP Act 1952. The obligations/duties/responsibilities cast upon you as an employer of this establishment and penalties, on account of non-compliance with the same, are explained on our website [www.epfindia.gov.in](http://www.epfindia.gov.in). You are required to go through them carefully.

2. Remittance of dues under the provisions of the Act is to be made only through a Challan generated through the Unified portal. (The process for registration on the portal, preparation of the ECR txt file and related information is available on the website and the portal).

**3. In case this letter is produced as a proof of the code number of the establishment, before any person including any Inspector from EPFO, the Form 5A generated through the portal at the time of registration should be a part of this letter. The remittance details of the establishment will be available on the EPFO website through the link "Establishment Search" where all payments from December 2016 onwards with the names of employees are available.**

4. Please quote the Code Number PYKRP1688688000 for all the future correspondence with EPFO.

This is a system generated letter and needs no signature.

Employees' Provident Fund Organisation

**Dated: 04/02/2018**