



**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: 3223251801MHAUR

Date: 02-10-2015

**To,**

Mr. BESSY MATHEW  
DIRECTOR  
B M CONSTROTECH PRIVATE LIMITED  
B M HOUSE PLOT NO X 30 MIDC WALUJ, BAJAJ NAGAR AURANGABAD  
AURANGABAD,  
MAHARASHTRA - 431136

Sub: Allotment of Code Number to establishment M/s B M CONSTROTECH PRIVATE LIMITED 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** : NGAUR1382240

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

1. Name of Establishment : B M CONSTROTECH PRIVATE LIMITED
2. PAN of establishment : AAGCB2472A
3. Date on which employment strength crossed 19 : 01-09-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : BUILDING AND CONSTRUCTION INDUSTRY
6. Ownership Type : PRIVATE LIMITED COMPANIES
7. The address proof of the establishment is **1. copy of post paid telephone bill of any company**  
**2. copy of power connection in the name of the establishment**  
**3. any license/certificate/number issued by any Govt. authority**
8. The proof of date of set up 26-03-2015 is **Incorporation Certificate issued by the Registrar of the Companies.**
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	Registrar of Companies	U45201MH2015PTC2 63037	26-03-2015	REGISTAR OF COMPANIES	MAHARASHTRA

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.

**SUB REGIONAL OFFICE**

**AURANGABAD**

**Bhavishya Nidhi Bhavan, Plot No.2, Town Centre, Commercial Area, C.I.D.C.O., 431029**

**sro.aurangabad@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.