



EMPLOYEES' PROVIDENT FUND

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

www.epfindia.gov.in

PROVIDENT FUND CODE NUMBER INTIMATION

No : 10001162832AMB

Date : 04/03/2023

To

PALANI SUDHAGAR
Proprietor
MMS HEALTH CARE CENTER
No.193 2nd Floor, T M A Street
Sriperumbudur KANCHEEPURAM
TAMIL NADU - 602105

Sub: Allotment of Code Number to establishment M/s MMS HEALTH CARE CENTER 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 : TNAMB2870372000

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

1. Name of Establishment : MMS HEALTH CARE CENTER
2. PAN of Establishment : CQXPS2298R
3. Date on which employment strength crossed 19 : 03/03/2023
4. Section under which : 0001(3)(b)
5. Primary Activity : MEDICAL PRACTITIONERS
6. Ownership Type : Proprietorship Firm
7. The address proof of the establishment is : - Any license/certificate/number issued by any Govt.

8. The proof of date of set up 03/03/2023 is Small Scale Industry Registration Certificate

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
11750 95	GOODS AND SERVICE TAX IDENTIFICATION NUMBER	33CQXPS2298R1ZF	21/12/2021	Govt	Sriperumbudur

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

AMBATTUR

No.193 2nd Floor, T M A Street 602105

mmsohc@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. 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 TNAMB2870372000 for all the future correspondence with EPFO.

This is a system generated letter and needs no signature.

Employees' Provident Fund Organisation

Dated: 04/03/2023