



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. 2243265364GJAHID

Date: 02-06-2015

To,

Mr. KALPESHKUMAR DINESHKUMAR RAVAL
PROPRIETOR
RAJSHREE ENTERPRISE
MAHISAGAR HOUSE, SECOND FLOOR., HIGHWAY CROSS ROAD, AT ND TA. KADI,
KADI,
GUJARAT - 382715

Sub: Allotment of Code Number to establishment M/s RAJSHREE ENTERPRISE 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 : GJAHID1353985

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

1. Name of Establishment : RAJSHREE ENTERPRISE
2. PAN of establishment : AIHPR6811K
3. Date on which employment strength crossed 19 : 25-07-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : EXPERT SERVICES
6. Ownership Type : PROPRIETARY FIRMS
7. The address proof of the establishment is 1. copy of bank passbook/statement
2. copy of post paid telephone bill of any company
3. copy of power connection in the name of the establishment
4. copy of water connection in the name of the establishment
5. any license/certificate/number issued by any Govt. authority

8. The proof of date of set up 04-07-2015 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	B-996	04-07-2015	KADI NAGARPALIKA	KADI

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

AHMEDABAD

Bhavishyanidhi Bhawan, Noar Income Tax Circle, Ashram Road 380014

ro.ahmedabad@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

Application Number : 2243265364

For, Rajshree Enterprise

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Kalpana
Proprietor