

# EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

Date: 19-Dec-2019

### **EMPLOYEES' PENSION SCHEME 1995 (Please refer Para )**

# EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

# (Ist RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10000327188.]

Code Number: NGAUR2052250000

1. Name of Establishment : PADMAVATI ELECTRICALS & ENTERPRISES

2. Code Number of the Establishment under EPF Scheme : NGAUR2052250000

3. Postal address of the Establishment and its branches: Rx-14/09 Maiboli Sahakarih, soc, Bajaj Nagar, Bajaj Nagar Midc

Waluj Aurangabad, AURANGABAD, MAHARASHTRA - 431136 [Please see Annexure I]

4. Industry or business in which engaged : ENGINEERS - ENGG. CONTRACTORS

5. Date of commencement of business : 01/12/2019

6. Date of closure by previous : N/A

7. Whether run by owner or lessee : Run by Owner

8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. AKSHAY PANDURANG SALUNKE	15/10/1994	Proprietor	PANDURANG SALUNKE	RX-14/09,MAIBOLI SAHAKARI H.SOC, BAJAJ NAGAR BAJAJ NAGAR MIDC WALUJ AURANGABAD Aurangabad(MH) Maharashtra 431136	01/12/2019

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
					Date

10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S.	Name	Date of	Status	Father's Name	Residential	Position
No.		Birth			Address	Date

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					,	AURANGABAD Aurangabad(MH) Maharashtra 431136		
Date:		Signature of employer						
			Name of Employer					
			Designation of Employer					
Seal of Establishment			Mobile number					
	ature of employer at serial ature of remaining emplo		wners details,	if more than c	one emplo	yer.		
Signature			Signature					
Name			Name					
Signature			Signature					
Name			Name					
Signature			Signature					
Name			Name					
Signature			Signature					
Name				Name				

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S.

No.

Name

Mr. AKSHAY

SALUNKE

**PANDURANG** 

Date of

**Birth** 

15/10/1994

**Status** 

Proprietor

**Father's Name** 

PANDURANG

SALUNKE

Residential

**Address** 

RX-14/09,MAIBOLI

SAHAKARI H.SOC,

BAJAJ NAGAR BAJAJ

NAGAR MIDC WALUJ

**Position** 

**Date** 

01/12/2019

# ANNEXURE - I

# **Details of Branches of the Establishment**

# **ANNEXURE - II**

List of Branches having Separate/ Sub Code Number

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### **SPECIMEN SIGNATURE CARD**

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY \_\_\_\_\_ Name of Establishment : PADMAVATI ELECTRICALS & ENTERPRISES Address of the Establishment: Rx-14/09 Maiboli Sahakarih, soc, Bajaj Nagar, Bajaj Nagar Midc Waluj Aurangabad, AURANGABAD, MAHARASHTRA - 431136 : NGAUR2052250000 Code Number of the STATUS OF THE SIGNATORY: # EMPLOYER / AUTHORISED SIGNATORY # Strike whichever is not applicable SPECIMEN SIGNATURE 2. \_\_\_\_\_ SPECIAL INSTRUCTION, IF ANY \_\_\_\_\_ ATTESTED SPECIMEN SIGNATURE OF Mr/Ms Signature of employer \_\_\_\_\_ Name of Employer Designation of Employer \_\_\_\_\_ Seal of Establishment Mobile number \_\_\_\_\_ [] Please tick if "Not Applicable" due to upload of digital signature To be submitted separately for each Authorised Officer, if more than one. Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.

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