



**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: 1669620456MHAUR

Date: 08-11-2016

To,

Mr. BHARAT BABASAHEB SABLE  
PROPRIETOR  
SABLE ENTERPRISES  
PLOT NO B 2/12, GAJANAN NAGAR  
GARKHEDA PARISAR, AURANGABAD,  
MAHARASHTRA - 431401

Sub: Allotment of Code Number to establishment M/s SABLE ENTERPRISES 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 : **NGAUR1534011**

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

1. Name of Establishment : SABLE ENTERPRISES
2. PAN of establishment : AEOPS3622L
3. Date on which employment strength crossed 19 : 25-10-2016
4. Section under which covered : 0001(3)(b)
5. Primary Activity : EXPERT SERVICES
6. Ownership Type : PROPRIETORY FIRMS
7. The address proof of the establishment is **1. any license/certificate/number issued by any Govt. authority**
8. The proof of date of set up 19-10-2016 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	1641500310579510	24-10-2016	SHOP AND ESTABLISHMENT OFFICE	AURANGABAD

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

The office under which you have to comply is :

**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](mailto: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 attached with it.

**Important information:**

1. By virtue of the sections 1(3)(a) and 1(3)(b) of the Act, it applies on an establishment on its own volition and you as an employer, are required to comply with the provisions of the Act accordingly. The obligations/duties/responsibilities cast upon you as an employer of this

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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) and there is a link on ECR (Electronic Challan cum Return) portal also for the same. You are required to go through them carefully.

**A Starter's Kit for compliance under the Act is available for download from the ECR portal a link to which is provided from the [epfindia.gov.in](http://epfindia.gov.in) home page.**

2. Remittance of dues under the provisions of the Act is to be made only through a Challan generated through the ECR (Electronic Challan cum Return) 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 from March 2012 wages onwards, all payments with the names of employees are available on the link in cases of remittances made after uploading the ECR.

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

This is a system generated letter and needs no signature.

Employees' Provident Fund Organisation

Encl: Form 5A Dated: 08-11-2016