



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: 2432459668MHAUR

Date: 25-07-2015

To,

Mr. SURESH VISHNUPANT KANSE
PROPRIETOR
BALAJI ENTERPRISES
GUT NO.168, PLOT NO.43, WALUJ, MAHANAGAR-1,
AURANGABAD,
MAHARASHTRA - 431136

Sub: Allotment of Code Number to establishment M/s BALAJI 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 : NGAUR1348750

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

1. Name of Establishment : BALAJI ENTERPRISES
2. PAN of establishment : CFAPK4105F
3. Date on which employment strength crossed 19 : 01-07-2015
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 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 07-07-2015 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	Contract Labour Act	AWB/3882/15	07-07-2015	LICENSING OFFICER	AURANGABAD

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.