



FORM No 5A Date: 01-03-2015
EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)
EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)
EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para 10)

(1st RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BASED ON ONLINE DECLARATION BY THE EMPLOYER WHILE APPLYING FOR THE CODE NUMBER THROUGH APPLICATION ACKNOWLEDGEMENT NUMBER **4212197857** Date **23-12-2014** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : AAD TECH (INDIA) PRIVATE LIMITED
2. Code Number of the Establishment under EPF Scheme 1952 :
3. Postal address of the Establishment and its branches : 21, PAPA INDUSTRIAL ESTATE, 40, SUREN ROAD, ANDHERI EAST [No Branch]
4. Industry or business in which engaged : ESTABLISHMENT ENGAGED IN MANUFACTURE, MARKETING SERVICING, USAGE OF COMPUTERS
5. Date of commencement of business : 23-11-2006
6. Date of closure by previous management : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. RAHUL V. BHARGAVA	30-06-1960	DIRECTOR	VISHNUPRASAD	2A- 105 BRINDAVAN TOWER, ANDHERI EAST, MUMBAI - 400093	23-11-2006
Ms. POONAM BHARGAVA	04-05-1966	DIRECTOR	RAHUL	2A- 105 BRINDAVAN TOWER, ANDHERI EAST, MUMBAI - 400093	23-11-2006
Mr. MAYANK BHARGAVA	31-12-1978	DIRECTOR	RAHUL	B-1004, SWASTIK PARK, VILLAGE ROAD, BHANDUP WEST	23-11-2006

9. In case on lease, particulars of lessee: N/A
10. If registered under Factories Act, particulars of Manager or occupier. N/A

11. Particulars of persons mentioned above who are in charge and responsible for conduct of business of the establishment.

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. RAHUL V. BHARGAVA	30-06-1960	DIRECTOR	VISHNUPRASAD	2A- 105 BRINDAVAN TOWER, ANDHERI EAST, MUMBAI - 400093	23-11-2006

Date:

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

Note: Any change in the information given above should be intimated in writing to the Regional Commissioner within fifteen days of such change by registered post and in prescribed manner.

ANNEXURE - I

Details of Branches of the Establishment

	Name Of Unit	Address	State	District	PIN	Unit Type	No Of Employee
No branch declared in online application for code number							

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 : AAD TECH (INDIA) PRIVATE LIMITED

ADDRESS OF ESTABLISHMENT : 21, PAPA INDUSTRIAL ESTATE,, 40, SUREN ROAD, ANDHERI EAST,MAHARASHTRA,MUMBAI,400093

CODE NUMBER OF ESTABLISHMENT

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____

2. _____

3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

Signature of employer _____

Name of employer _____

Seal of the establishment

Designation/Status of employer _____

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.