



**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: 1216180953MHAUR

Date: 26-06-2015

**To,**

Mr. LAHU PANDURANG HIWALE  
PROPRIETOR  
JAY ENTERPRISES  
RH-89, SARA VIHAR,, TISGAON, WALUJ,  
AURANGABAD,  
MAHARASHTRA - 431136

Sub: Allotment of Code Number to establishment M/s JAY 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 : NGAUR1333217**

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

1. Name of Establishment : JAY ENTERPRISES
2. PAN of establishment : ALUPH4096G
3. Date on which employment strength crossed 19 : 18-06-2015
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. 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 18-06-2015 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/3866/15	18-06-2015	DEPUTI COMMISSIONER OF LABOUR	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](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 enclosed.

Application Number : 1216180953  
Code Number : NGAUR1333217

**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 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: 26-06-2015



FORM No 5A Date: 26-06-2015  
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 1216180953 Date 25-06-2015 AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : JAY ENTERPRISES
2. Code Number of the Establishment under EPF Scheme 1952 : NGAUR1333217
3. Postal address of the Establishment and its branches : RH-89, SARA VIHAR, TISGAON, WALUJ, [No Branch]
4. Industry or business in which engaged : EXPERT SERVICES
5. Date of commencement of business : 18-06-2015
6. Date of closure by previous management : N/A
7. Whether run by owner or lessee : Run by Lessee
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. LAHU PANDURANG HIWALE	03-03-1981	PROPRIETOR	PANDURANG	AT.POST.GAJGAON, TQ. GANGAPUR, AURANGABAD	18-06-2015

9. In case on lease, particulars of lessee:

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. KAILAS RAGHUNATH GAIKE	05-04-1973	OWNER	RAGHUNATH	RH-89, SARA VIHAR, TISGAON, AURANGABAD	18-06-2015

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. LAHU PANDURANG HIWALE	03-03-1981	PROPRIETOR	PANDURANG	AT.POST.GAJGAON, TQ. GANGAPUR, AURANGABAD	18-06-2015

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 NGAUR1333217							

**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 : JAY ENTERPRISES

ADDRESS OF ESTABLISHMENT : RH-89, SARA VIHAR,, TISGAON, WALUJ,, MAHARASHTRA, AURANGABAD, 431136

CODE NUMBER OF ESTABLISHMENT : NGAUR1333217000

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 \_\_\_\_\_

Designation/Status of employer \_\_\_\_\_

Mobile number \_\_\_\_\_

Seal of the establishment

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.