



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: 3527197969TNMAS

Date: 02-07-2016

To,

Mr. VELLAI SWAMY SARAVANAN
PROPRIETOR
S.M. LABOUR CONTRACT
PLOT NO 37 DOOR NO 26 4TH STREET, SHANMUGAPURAM THIRUVOTTIYUR
CHENNAI, THIRUVALLUR
TAMIL NADU - 600019

Sub: Allotment of Code Number to establishment M/s S.M. LABOUR CONTRACT 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 : TNMAS1487310

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

1. Name of Establishment : S.M. LABOUR CONTRACT
2. PAN of establishment : DATPS9048Q
3. Date on which employment strength crossed 19 : 23-06-2016
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 07-01-2016 is **Commencement of business by the Registrar of Companies.**
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	Registrar of Companies	21/2016	07-01-2016	JOINT SUB REGISTRAR I	NORTH CHENNAI
b	Registration as a Small Scale Industry	330012167198	18-01-2016	ADDITIONAL DIRECTOR OF INDUSTRIES COMMERCE DIC	THIRUVALLUR
c	Central Excise	DATPS9048QSD001	20-06-2016	SUPERINTENDENT OF COMMISSIONERATE SERVICE TAX I	CHENNAI

10. As on date of your application, your establishment is registered with ESIC with code number 51001153980000999.

The office under which you have to comply is :

REGIONAL OFFICE

CHENNAI

No. 37, Royapettah High Road, Opposite Swagat Hotel, 600014

ro.chennai@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 establishment and penalties, on account of non-compliance with the same, are explained on our website 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 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: 02-07-2016

V. Sagarans
T.



(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 3527197969 Date 01-07-2016 AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : S.M. LABOUR CONTRACT
2. Code Number of the Establishment under EPF Scheme 1952 : TNMAS1487310
3. Postal address of the Establishment and its branches : PLOT NO 37 DOOR NO 26 4TH STREET SHANMUGAPURAM THIRUVOTTIYUR [No Branch]
4. Industry or business in which engaged : EXPERT SERVICES
5. Date of commencement of business : 01-01-2016
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. VELLAI SWAMY SARAVANAN	08-05-1977	PROPRIETOR	VELLAISWAMY	PLOT NO.26, DOOR NO.37, 4TH ST	01-01-2016

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

V. Saravanan

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. VELLAISWAMY SARAVANAN	08-05-1977	PROPRIETOR	VELLAISWAMY	PLOT NO.26, DOOR NO.37, 4TH ST	01-01-2016

Date:

Signature of employer V. Saravanan

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 TNMAS1487310						

V. Sagar

COPY OF APPLICATION SUBMITTED ONLINE FOR ALLOTMENT OF REGISTRATION NUMBER

(Acknowledgement Number 3527197969)

(Note: Allotment of Registration Number will be subject to verification of the PAN)

NAME OF THE ESTABLISHMENT : S.M. LABOUR CONTRACT
ESTABLISHMENT CODE : TNMAS1487310000
PAN OF THE ESTABLISHMENT : DATPS9048Q
ADDRESS : LINE 1 : PLOT NO 37 DOOR NO 26 4TH STREET
LINE 2 : SHANMUGAPURAM THIRUVOTTIYUR
CITY : CHENNAI
State : TAMIL NADU
District : THIRUVALLUR
PIN : 600019
COUNTRY : INDIA

PHONE NUMBER : 8695878843
FAX NUMBER :
E-MAIL ADDRESS : s.m.labourcontract@gmail.com
WEB ADDRESS :

DOCUMENT CHOSEN AS PROOF OF ADDRESS : 1. any license/certificate/number issued by any Govt. authority

SET UP DETAILS

DATE OF SETUP OF ESTABLISHMENT : 2016-01-01
DOCUMENT NAME : Commencement of business by the Registrar of Companies
REFERENCE NUMBER : 21/2016
DATE OF ISSUES OF DOCUMENT : 2016-01-07
ISSUED BY, PLACE : JOINT SUB REGISTRAR I, NORTH CHENNAI

BUSINESS ACTIVITY AND OWNER'S DETAILS

ESTABLISHMENT TYPE (Whether a Factory) : NO
COVERAGE UNDER SECTION : 0001(3)(b)
PRIMARY BUSINESS ACTIVITY : EXPERT SERVICES

LICENSES DETAIL

LICENSE UNDER	LICENSE NUMBER	DATE	ISSUED BY	PLACE OF ISSUE
Registrar of Companies	21/2016	2016-01-07	JOINT SUB REGISTRAR I	NORTH CHENNAI
Registration as a Small Scale Industry	330012167198	2016-01-18	ADDITIONAL DIRECTOR OF INDUSTRIES COMMERCE DIC	THIRUVALLUR
Central Excise	DATPS9048QSD001	2016-06-20	SUPERINTENDENT OF COMMISSIONERATE SERVICE TAX I	CHENNAI

WHETHER ESTABLISHMENT COVERED UNDER ESIC : Yes
ESIC CODE NUMBER : 51001153980000999
WHETHER ESTABLISHMENT ID WORKING THROUGH AID OF POWER : No

OWNER'S DETAIL

OWNERSHIP TYPE	REGISTRATION/LETTER NUMBER	DATE OF REGISTRATION/LETTER	ISSUED BY/PLACE
PROPRIETARY FIRMS	21/2016	2016-01-07	JOINT SUB REGISTRAR I, NORTH CHENNAI

PARTICULARS OF OWNERS

SL NO	GENDER, NAME, DESIGNATION	PAN, DIN	DATE OF BIRTH	FATHER'S NAME	ADDRESS	MOBILE NUMBER, E-MAIL ID	DATE FROM WHICH IN POSITION
1	MALE, VELLAIWAMY SARAVANAN, PROPRIETOR	DATPS9 048Q	1977-05-08	VELLAIWAMY	PLOT NO.26, DOOR NO.37, 4TH ST	8695878843, s.m.la bourcontract@gmail.com	2016-01-01

PARTICULARS OF LESSEE

Whether the Establishment on Lessee : No

EMPLOYEE DETAILS

NUMBER OF EMPLOYEES AS ON DATE OF APPLICATION : 20
 DATE ON WHICH the EMPLOYMENT STRENGTH CROSSED 19 : 2016-06-23
 NUMBER OF EXCLUDED EMPLOYEES : 0

BANK DETAILS

Whether the establishment is having the Bank details : Yes

BANK NAME	BRANCH NAME	IFS CODE	ACCOUNT NUMBER	ACCOUNT TYPE
ANDHRA BANK	THIRUVOTTIYUR	ANDB0002364	236411100000672	CURRENT ACCOUNT

BRANCH DETAILS

Whether the establsihment is having a single Unit or has several Units (Branches) : Single Unit

V. Saravanan