

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

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 1617391681.]

Code Number : NGAUR0080305000

1. Name of Establishment : MERU SERVICES
2. Code Number of the Establishment under EPF Scheme : NGAUR0080305000
3. Postal address of the Establishment and its branches : PLOT NO 198/1, FLAT NO-01, SHRADDHA, , AURANGABAD, AURANGABAD, MAHARASHTRA - 431001 [Please see Annexure I]
4. Industry or business in which engaged : ESTABLISHMENTS ENGAGED IN CLEANING, SWEEPING SERVICES
5. Date of commencement of business : 01/12/1993
6. Date of closure by previous : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. EKNATH DHONDIRAM MITHE	27/07/1951	PROPRITOR	DHONDIRAM MITHE	PLOT NO 198/1, FLAT NO 01 SHRADDHA RESIDENCY, SAMARTH NAGAR, AURANGABAD	01/12/1993

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. EKNATH DHONDIRAM MITHE	27/07/1951	PROPRITOR	DHONDIRAM MITHE	PLOT NO 198/1, FLAT NO 01 SHRADDHA RESIDENCY, SAMARTH NAGAR, AURANGABAD	01/12/1993

Date: \_\_\_\_\_ Signature of employer \_\_\_\_\_

Name of Employer \_\_\_\_\_

Designation of Employer \_\_\_\_\_

Seal of Establishment

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

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Signature of employer at serial number of Owners details, if more than one employer.  
Signature of remaining employers:

Signature

Signature

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature

Signature

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature

Signature

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature

Signature

Name \_\_\_\_\_

Name \_\_\_\_\_

**ANNEXURE - I**

**Details of Branches of the Establishment**

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**ANNEXURE - II**

**List of Branches having Separate/ Sub Code Number**

<b>S. No.</b>	<b>Est Id - Branch Name</b>	<b>Address</b>	<b>State - Pincode</b>	<b>Branch Type</b>	<b>Employees</b>	<b>Status</b>	<b>Status Updated</b>
1	NGAUR1598398000 - Meru Security Services	P.No.198/1 Flat No 01 Shraddha Residency Samarth Nagar Aurangabad, Aurangabad	Maharashtra - 431001	Additional Establishment	20	Working	--

**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 : MERU SERVICES

Address of the Establishment : PLOT NO 198/1, FLAT NO-01, SHRADDHA, , AURANGABAD, AURANGABAD, MAHARASHTRA - 431001

Code Number of the : NGAUR0080305000

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 of Employer \_\_\_\_\_

Seal of Establishment \_\_\_\_\_ 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.