



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: 1611134514ORBBS

Date: 29-10-2014

To,

Mr. DEEPAK KUMAR BISWAL
PARTNER
D S ASSOCIATES
SUB PLOT NO-C/2 ,PLOT NO-784/1391 P, GIRISH VIHAR ,SAMPUR ,GHATIKIA ,
BHUBANESWAR,
ORISSA - 751003

Sub: Allotment of Code Number to establishment M/s D S ASSOCIATES 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 : ORBBS1035428

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

1. Name of Establishment : D S ASSOCIATES
2. PAN of establishment : AARFM6432F
3. Date on which employment strength crossed 19 : 01-09-2014
4. Section under which covered : 0001(3)(b)
5. Primary Activity : TRADING - COMMERCIAL ESTABLISHMENTS
6. Ownership Type : PARTNERSHIP 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
8. The proof of date of set up 10-07-2012 is **Copy of the first assessment by the Sales Tax Authorities.**
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	Shops and Establishments Act	II-4690	22-01-2013	DLO KHURDA	BBSR

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.

REGIONAL OFFICE

BHUBANESWAR

Bhavishyanidhi Bhawan, Unit-9, Janpath, 751022

ro.bhubaneshwar@epfindia.gov.i

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.

Important information:

Application Number : 1611134514
Code Number : ORBBS1035428

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: 29-10-2014



FORM No 5A Date: 29-10-2014
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 **1611134514** Date **28-10-2014** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : D S ASSOCIATES
2. Code Number of the Establishment under EPF Scheme 1952 : ORBBS1035428
3. Postal address of the Establishment and its branches : SUB PLOT NO-C/2 ,PLOT NO-784/1391 P GIRISH VIHAR ,SAMPUR ,GHATIKIA , [No Branch]
4. Industry or business in which engaged : TRADING - COMMERCIAL ESTABLISHMENTS
5. Date of commencement of business : 01-04-2009
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. DEEPAK KUMAR BISWAL	23-03-1971	PARTNER	HRUSHIKESH BISWAL	SUB PLOT NO-C/2 ,PLOT NO-784/1391 PGIRISH VIHAR ,SAMPUR ,GHATIKIA ,BBSR	01-04-2009

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. DEEPAK KUMAR BISWAL	23-03-1971	PARTNER	HRUSHIKESH BISWAL	SUB PLOT NO-C/2 ,PLOT NO-784/1391 PGIRISH VIHAR ,SAMPUR ,GHATIKIA ,BBSR	01-04-2009

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 ORBBS1035428							

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 : D S ASSOCIATES

ADDRESS OF ESTABLISHMENT : SUB PLOT NO-C/2 ,PLOT NO-784/1391 P, GIRISH VIHAR ,SAMPUR ,GHATIKIA
,,ORISSA,BHUBANESWAR,751003

CODE NUMBER OF ESTABLISHMENT : ORBBS1035428000

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.