



FORM No 5A Date: 05-03-2015
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 **7725235814** Date **20-08-2014** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : S M INFRA
2. Code Number of the Establishment under EPF Scheme 1952 :
3. Postal address of the Establishment and its branches : HNO-56,BLOCK-A,SEC-41-42 OMAXE GREEN VALLEY *[Please see Annexure 1]*
4. Industry or business in which engaged : BUILDING AND CONSTRUCTION INDUSTRY
5. Date of commencement of business : 21-09-2013
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. PIYUSH MAKKAR	17-05-1988	PROPRIETOR	PARVEEN MAKKAR	HNO-56,BLOCK-A,OMAXE GREEN VALLEY,SEC-41-42,FA RIDABAD	21-09-2013

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. PIYUSH MAKKAR	17-05-1988	PROPRIETOR	PARVEEN MAKKAR	HNO-56,BLOCK-A,OMAXE GREEN VALLEY,SEC-41-42,FA RIDABAD	21-09-2013

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
1	S M INFRA		DELHI	NEW DELHI	110019	BRANCH	1

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 : S M INFRA

ADDRESS OF ESTABLISHMENT : HNO-56,BLOCK-A,SEC-41-42, OMAXE GREEN VALLEY,HARYANA,FARIDABAD,121010

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 _____

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.