



EMPLOYEES' PROVIDENT FUND ORGANISATION

(A statutory Body under the Ministry of Labour and Employment, Government of India)

www.epfindia.gov.in

PROVIDENT FUND CODE NUMBER INTIMATION LETTER

No : 10000247811SHD

Date : 28/03/2019

To,

Mujeeb Ahmed
Director
STARS AND MERIT INTERIORS PRIVATE LIMITED
B-408, Gali No. 9 Rajeev Nagar
Mandoli Extension EAST
DELHI - 110093

Sub: Allotment of Code Number to establishment M/s STARS AND MERIT INTERIORS PRIVATE LIMITED under Employees' Provident Fund and Miscellaneous Provisions Act, 1952-regarding.

Sir/Madam ,

Based on the information submitted online by you, your establishment is registered with Employees' Provident Fund Organisation with the following code number :

Code Number : DSSHD1947074000

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

1. Name of Establishment : STARS AND MERIT INTERIORS PRIVATE LIMITED
2. PAN of Establishment : ABBCS2620R
3. Date on which employment strength crossed 19 : 01/03/2019
4. Section under which covered : 0001(3)(b)
5. Primary Activity : ENGINEERS - ENGG. CONTRACTORS
6. Ownership Type : Private Limited Company
7. The address proof of the establishment is : - Any license/certificate/number issued by any Govt. authority

8. The proof of date of set up 14/12/2018 is Incorporation Certificate issued by the Registrar of the Companies

9. As at the time of application, your establishment is having the following licenses and registrations:

S.No.	License Under	License Number	Date	Issued By	Place of Issue
27808 7	Sales Tax Act	07ABBCS2620R1Z2	15/01/2019	Government Of India	Delhi

10. As on date of your application, your establishment is not registered with ESIC.

11. As on date of your application, your establishment is not having LIN.

SUB REGIONAL OFFICE

LAXMI NAGAR

B-408, Gali No. 9 Rajeev Nagar 110093

ragibch786@gmail.com

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:

1. By virtue of this registration, you are required to comply with the provision of the EPF & MP Act 1952. 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**. You are required to go through them carefully.

2. Remittance of dues under the provisions of the Act is to be made only through a Challan generated through the Unified 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 all payments from December 2016 onwards with the names of employees are available.

4. Please quote the Code Number DSSHD1947074000 for all the future correspondence with EPFO.

This is a system generated letter and needs no signature.

Employees' Provident Fund Organisation

Dated: 28/03/2019

8. The corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the esi act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI act and regulations on your part.

9. All the Branches of State Bank of India are authorized to accept the ESI Contribution .

10. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website www.esic.nic.in under the link Publications which may be downloaded for wide publicity for the smooth functioning of the scheme

11. Please indicate your code no. on all correspondences to avoid delay

Yours faithfully,

Asstt./Dy. Director

Encl. : As state above

Copy for information and necessary action to:

Name of the principal employer : Mujeeb Ahmed

No. of employees : 20

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY