



Regional Office
EMPLOYEES' STATE INSURANCE CORPORATION
Regional Office, Panchdeep Bhawan, Wing No. 4, Shivpuri,
Premangar, Dehradun

C-11 Regd. with a.d.

To
M/s.ARTIS FACILITY MANAGEMENT PVT LTD
30/40 ADARSH NAGAR ROORKEE HARIDWAR
,247667

Dated : 16/11/2014

Sub : Implementation of the E.S.I. act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(3)/1(5) of the ESI Act, as amended.

Dear Sir(s),

1. It is informed that under section 1(3) of the ESI Act, 1948 is applicable to all factories covered under the Act within the area where your factory is situated.
2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishments Under Section 1(5) of the Act in this area
3. Under Section 2 A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the Act.
4. On the basis of the particulars in respect of your factory/establishment submitted by you/ on the basis of the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 01/11/2014. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act.
6. You are also requested to submit employer's registration form (form 01) on line, as required under the provisions of sec.2-A of the ESI Act , 1948 read with regulation 10-B of the ESI(General), Regulations, 1950(only in case your Code No. is allotted as a result of Survey by a Social Security Officer of ESI Corporation).
7. For the sake of convenience your factory/establishment has been allotted code No **61000412000001001** which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **Haridwar Gr-II,Quarter No. 1-2, Opp. Khel Bhawan, Sector-2, BHEL, Ranipur,Haridwar-249 403** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

8. A State wise list of ESI Dispensaries is available on our website www.esic.nic.in under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

9. 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.

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

11. 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

12. Please indicate your Code No. on all correspondences to avoid delay

13. This is a computer generated letter and does not require any signature.

Yours faithfully,

Asstt./Dy. Director

Encl. : As state above

Copy for information and necessary action to:

Name of the principal employer : PAWAN DHIMAN

No. of employees : 10

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



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: 1883029013UCDDN

Date: 19-11-2014

To,

ARTIS FACILITY MANAGEMENT PRIVATE LIMITED
30/40 ADARSH NAGAR,, HARIDWAR ROAD
ROORKEE,
UTTARAKHAND - 247667

Sub: Allotment of Code Number to establishment M/s ARTIS FACILITY MANAGEMENT PRIVATE LIMITED 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 : UKDDN1040714

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

1. Name of Establishment : ARTIS FACILITY MANAGEMENT PRIVATE LIMITED
2. PAN of establishment : AAMCA7806K
3. Date on which employment strength crossed 19 : 01-09-2014
4. Section under which covered : 0001(3)(b)
5. Primary Activity : EXPERT SERVICES
6. Ownership Type : PRIVATE LIMITED COMPANIES
7. The address proof of the establishment is **1. copy of bank passbook/statement**
2. any license/certificate/number issued by any Govt. authority
8. The proof of date of set up 28-08-2014 is **Others**.
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	Central Excise	AAMCA7806KSD001	28-08-2014	COMMISSIONER	ROORKEE

10. As on date of your application, your establishment is registered with ESIC with code number 61000412000001001.

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

DEHRADUN

Bhavishyanidhi Bhawan, Vyomprasth, GMS Road, 248001

ro.dehradun@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 enclosed.

Important information: