



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: 1122512244JRRAN

Date: 06-08-2016

To,

Mr. SISIR KUMAR DAS
PROPRIETOR
HARSHWADHAN ENTERPRISES
M 11 BARIYATU HOUSING COLONY,
BARIYATU,
JHARKHAND - 834009

Sub: Allotment of Code Number to establishment M/s HARSHWADHAN ENTERPRISES 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 : JHRAN1503293

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

1. Name of Establishment : HARSHWADHAN ENTERPRISES
2. PAN of establishment : AEPPD4167E
3. Date on which employment strength crossed 19 : 01-04-2016
4. Section under which covered : 0001(3)(b)
5. Primary Activity : BUILDING AND CONSTRUCTION INDUSTRY
6. Ownership Type : PROPRIETARY FIRMS
7. The address proof of the establishment is **1. copy of bank passbook/statement**
8. The proof of date of set up 24-05-2007 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	Sales Tax Act	20270305826	24-05-2007	COMMERCIAL TAXES DEPARTMENT RANCHI	RANCHI

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

The office under which you have to comply is :

REGIONAL OFFICE
RANCHI
Bhagirathi Complex, Near Circuit House, Karamtoli, 834001
ro.ranchi@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 attached with it.

Important information:

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: 06-08-2016



Regional Office
EMPLOYEES' STATE INSURANCE CORPORATION
Regional Office, Jharkhand, Employees State Insurance
Corporation, Namkum, Ranchi-834010

C-11 Regd. with a.d.

To
M/s.HARSHWARDHAN ENTERPRISES

Dated : 22/08/2016

M-11, BARIYATU HOUSING COLONY
BARIYATU, RANCHI
,834009

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 01/04/2016. 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 **60001566670001009** 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 **Branch Manager, ESIC, Hazaribag Road, Kokar, Ranch** 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 : SISIR KUMAR DAS

No. of employees : 20

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