

**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 BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 9999936569.]

Code Number : JHJAM1551842000

1. Name of Establishment : R R EQUICONS PRIVATE LIMITED
2. Code Number of the Establishment under EPF Scheme 1952 : JHJAM1551842000
3. Postal address of the Establishment and its branches : ROOM NO 12 13 14 SHIV DHARI , COMPLEX STATION ROAD JUGSALAI , JAMSHEDPUR, PURBI SINGHBHUM, JHARKHAND - 831006 [Please see Annexure I]
4. Industry or business in which engaged : BUILDING AND CONSTRUCTION INDUSTRY
5. Date of commencement of business : 26/11/2013
6. Date of closure by previous management : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SHUBHAM KAMAL	27/05/1995	DIRECTOR	ARBIND KUMAR PANDEY	L-6/63 TUBE COLONY	22/12/2016
2	Ms. JAYA PANDEY	01/01/1975	DIRECTOR	OM PRAKASH PANDEY	W/O ARBIND KUMAR PANDEY L -6/63 TUBE COLONY BARIDIH JAMSHEDPUR	22/12/2016

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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10. If registered under Factories Act, particulars of Manager or occupier : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SHUBHAM KAMAL	27/05/1995	DIRECTOR	ARBIND KUMAR PANDEY	L-6/63 TUBE COLONY	22/12/2016

Date: _____ Signature of employer _____

Name of Employer _____

Designation of Employer _____

Signature of employer at serial number of Owners details, if more than one employer.
Signature of remaining employers:

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

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.

Signature of employer at serial number of Owners details, if more than one employer.
Signature of remaining employers:

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

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

ANNEXURE - II

List of Branches having Separate/ Sub Code Number

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 : R R EQUICONS PRIVATE LIMITED

Address of the Establishment : ROOM NO 12 13 14 SHIV DHARI , COMPLEX STATION ROAD JUGSALAI , JAMSHEDPUR, PURBI SINGHBHUM, JHARKHAND - 831006

Code Number of the Establishment : JHJAM1551842000

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 of Employer _____

Seal of Establishment _____ 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.