



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: 2469973805JRJAM

Date: 03-11-2015

To,

Mr. SHYAM SUNDER GAUR
DIRECTOR
GALATRIX DEVELOPERS PRIVATE LIMITED
2ND FLOOR, GAJRAJ MANSION, BISTUPUR
JAMSHEDPUR,
JHARKHAND - 831001

Sub: Allotment of Code Number to establishment M/s GALATRIX DEVELOPERS 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 : JHJAM1394318

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

1. Name of Establishment : GALATRIX DEVELOPERS PRIVATE LIMITED
2. PAN of establishment : AAFCG0523L
3. Date on which employment strength crossed 19 : 01-11-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : BUILDING AND CONSTRUCTION INDUSTRY
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 18-12-2012 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.	TYPE	NUMBER	DATE	ISSUED BY	ISSUED AT PLACE
a	Registrar of Companies	U45400WB2012PTC1 89270	18-12-2012	REGISTRAR OF COMPANIES	KOLKATA

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

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.

SUB REGIONAL OFFICE

JAMSHEDPUR

Purulia Highway, PO- Azadnagar, Mangao, 832110

sro.jamshedpur@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:

Application Number : 2469973805
Code Number : JHJAM1394318

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: 03-11-2015