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: 1314779577MHMAL Date: 19-11-2015

To,

Mr. DEEPAK KARWA
PARTNER
DEEP-KAMAL ELECTRIC WORKS
SHOP NO 5, SATYADEEP CO.OP.HSG.SO. PADMA NAGAR, CHIKU WADI, BORIVALI W
MUMBAI, MUMBAI (SUBURBAN)
MAHARASHTRA - 400092

Sub: Allotment of Code Number to establishment M/s DEEP-KAMAL ELECTRIC WORKS under Employees' Provident Fund and Miscellaneous Provisions Act, 1952-regarding.

Sir,

Based on the information submitted online by you for applying the EPF and MP Act on your establishment (Voluntary Coverage), your establishment is registered with Employees' Provident Fund Organisation with the following details:

Code Number : KDMAL1353905

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

1. Name of Establishment : DEEP-KAMAL ELECTRIC WORKS
2. PAN of establishment : AAJFD5982B
3. Agreed date for applying the Act : 01-07-2015
4. Section under which covered : 0000001(4)
5. Primary Activity : OTHERS
6. Ownership Type : PARTNERSHIP FIRMS
7. The address proof of the establishment is **1. copy of post paid telephone bill of any company**
   2. copy of power connection in the name of the establishment
   3. any license/certificate/number issued by any Govt. authority
8. The proof of date of set up 24-06-2013 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	Any License issued by a Municipal Corporation/Authority	760337836	19-07-2013	INSPECTOR SHOPS AND ESTABLISHMENT	MUMBAI

10. As on date of your application, your establishment is not registered with ESIC .
11. The majority of your employees have given a written consent for applying the Act to your establishment and that you have already uploaded a scanned copy of the consent letter at the time of application.

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
KANDIVALI
Bhavishya Nidhi Bhavan,Plot No.222, Sector No.3,Charkop Market,Charkop Poisar Road, 400067
ro.kandivali@epfindia.gov.in

You are also required to submit in original, the agreement wherein the consent of the majority of the employees has been taken for making the Act applicable on the establishment. It should be the original of the document which was uploaded on the website while applying for the registration number.

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. Kindly note that your establishment has been registered with the EPFO on the basis of your declaration that the Act does not apply on your establishment and that you and majority of your employees agree that the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 (herein after referred as the Act) should be applied to your establishment.

However, by virtue of the sections 1(3)(a) and 1(3)(b) of the Act, it applies on an establishment on its own volition. In case it is discovered so, at any later stage, 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 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 registration 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: 19-11-2015

FORM No 5A Date: 19-11-2015
EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)
EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)
EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para 10)

(Ist RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BASED ON ONLINE DECLARATION BY THE EMPLOYER WHILE APPLYING FOR THE CODE NUMBER THROUGH APPLICATION ACKNOWLEDGEMENT NUMBER **1314779577** Date **12-08-2015** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : DEEP-KAMAL ELECTRIC WORKS

2. Code Number of the Establishment under EPF Scheme 1952 : KDMAL1353905

3. Postal address of the Establishment and its branches : SHOP NO 5, SATYADEEP CO.OP.HSG.SO. PADMA NAGAR, CHIKU WADI, BORIVALI W *[No Branch]*

4. Industry or business in which engaged : OTHERS

5. Date of commencement of business : 24-06-2013

6. Date of closure by previous management : N/A

7. Whether run by owner or lessee : Run by Owner

8. Particulars of owners :

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. DEEPAK KARWA	18-10-1975	PARTNER	KISHORCHAND JAGANNATH KARWA	A602, SHANTIDEEP CHS, SATYASAI COMPLEX, CHIKUWADI, BORIVALI WEST, MUMBAI 400092	24-06-2013
Mr. KISHOR KARWA	17-12-1948	PARTNER	JAGANNATH KARWA	704, SATYADEEP CHS, CHIKUWADI, BORIVALI WEST, MUMBAI 400092	24-06-2013
Ms. YOGEETA KARWA	21-07-1978	PARTNER		A602, SHANTIDEEP CHS, SATYASAI COMPLEX, CHIKUWADI, BORIVALI WEST, MUMBAI - 400092	24-06-2013
Ms. REKHA B KARWA	01-06-1975	PARTNER		704, SATYADEEP CHS, CHIKUWADI, BORIVALI WEST, MUMBAI - 400092	24-06-2013

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

10. If registered under Factories Act, particulars of Manager or occupier. N/A

11. Particulars of persons mentioned above who are in charge and responsible for conduct of business of the establishment.

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. DEEPAK KARWA	18-10-1975	PARTNER	KISHORCHAND JAGANNATH KARWA	A602, SHANTIDEEP CHS, SATYASAI COMPLEX, CHIKUWADI, BORIVALI WEST, MUMBAI 400092	24-06-2013

Date:

Signature of employer_____

Name of Employer_____

Designation of Employer_____

Seal of Establishment

Mobile number_____

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

	Name Of Unit	Address	State	District	PIN	Unit Type	No Of Employee
No branch declared in online application for code number KDMAL1353905							

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 : DEEP-KAMAL ELECTRIC WORKS

ADDRESS OF ESTABLISHMENT : SHOP NO 5, SATYADEEP CO.OP.HSG.SO., PADMA NAGAR, CHIKU WADI, BORIVALI W,MAHARASHTRA,MUMBAI,400092

CODE NUMBER OF ESTABLISHMENT : KDMAL1353905000

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 _____

Seal of the establishment

Designation/Status of employer _____

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.