

EMPLOYEES' PROVIDENT FUND ORGANISATION

ONLINE REGISTRATION OF ESTABLISHMENTS - OLRE

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Section I : INSTRUCTIONS FOR FILLING THE FORM

BEFORE YOU FILL UP THE FORM FOR A PF CODE NUMBER, PLEASE GO THROUGH THESE INSTRUCTIONS.

ONCE YOUR APPLICATION IS SUBMITTED, YOU WILL NOT BE ABLE TO EDIT ANY DATA.

IT IS ADVISED TO USE THE CHECK LIST TO AVOID ANY DATA ENTRY ERROR OR MISSING DOCUMENT

1. The applicant should have a PAN in the name of the establishments/proprietor of the establishment for which he/she is applying.

The PAN is to be entered in the page from where the application is opened and will be displayed in the application form. It cannot be edited from the application.

Only in case of a Proprietorship firm, the PAN can be in the name of the Proprietor. In such case the name of the OWNER in the Owners' details should be exactly as per the PAN.

2. The name should be entered exactly as mentioned in the PAN Card. Even a slight variance with an extra space etc also will result in rejection as the data is verified online.
3. Application should be made by the employer if the Act applies on its establishment. For this purpose you may refer to the [Section 1\(3\) \(a\) and 1\(3\) \(b\)](#) of the EPF and MP Act 1952. The list of activities on which the Act applies should also be referred.

The employer of an establishment on which the Act does not apply, can also apply for a code number on voluntary basis (Pl refer [Section 1\(4\)](#) of the said Act, if the majority of the employees of the establishment give their written consent for it from the date on which it is agreed upon or any subsequent date in the agreement. The consent cannot be from a previous date.

The employer should select the appropriate option for the applicability.

It should be noted that in all cases of the application, the post coverage inspection will be made by the EPFO to verify the details submitted through the application.

4. Address: The employer should have documentary address proof for the address entered. Following address proofs are accepted:

- ✓ Any license/certificate/number issued by any Govt. authority
- ✓ Copy of water connection in the name of the Establishment
- ✓ Copy of bank passbook/statement
- ✓ Copy of postpaid telephone bill of any company
- ✓ Copy of power connection in the name of the Establishment

The application will show all the above address proof as auto selected. However the employer can de-select the ones that are not available with him/her.

In case it is de-selected it will be treated as a declaration of the employer that the de-selected address proof is not available for his/her establishment.

At least one address proof is mandatory.

The address entered will be used to decide the jurisdiction of the PF office under which the establishment will fall.

The post coverage inspection by the EPFO will be made on this address and the status of inspection will be updated accordingly.

If employer is selecting address proof as “copy of postpaid telephone bill of company” than employer should mention the post-paid telephone no. in telephone no. column.

5. Date of set up: Date of setup will be the date when the establishment was started.
6. Proof of date of setup: Proof of date of setup will be based on drop down menu list. The list is only indicative. In case the employer has some other proof of address, he may select others, and enter the relevant details.
7. IF THE ESTABLISHMENT IS A FACTORY Establishment, then employer have to provide FACTORY Details and MANAGER/OCCUPIER details in their respective fields, which will appear after selecting YES.

In case the employer is also the Manager/Occupiers of the factory, the name of the Owner may appear in both Manager/Occupier details as well as in the Owners’ Details later in the application.
8. PRIMARY BUSINESS ACTIVITY will be selected based on drop down menu list. The list will appear based on selection of THE ESTABLISHMENT IS A FACTORY as Yes or No. In case of a Factory the Schedule I Industries will appear, and in case of a Non-Factory Establishment, class of establishments notified will appear. It is advised that the employer should identify the activity before starting filling of the form.
9. License Details will be based on drop down menu list.

- The employer should enter the details of all the licenses available for the establishment at the time of application.
- When any available License type is not in the drop down list, he should select OTHERS, in which case the License Type should be entered in the REMARKS field mandatorily.
- In case a License is selected as Address Proof, the check box against the said License should be selected.
- **At least one license is mandatory.**

10. In case any License (Registration) is under the Cooperative Societies Act, then an additional field asking whether the establishment is working with aid of Power will appear. A Cooperative Society establishment working without aid of Power should have 50 employees for coverage under section 1(3) (a) or 1(3) (b) by virtue of [Section 16 \(1\)](#).

11. The employer has to mention the ESIC Code number if the establishment is already having such code number. Not mentioning the Code number will be treated as a declaration that the establishment is not having such code number at the time of application.

12. Ownership type can be selected from the drop down menu. According to the selection, the proof of ownership type should also be entered. For the Government Departments a letter from the Head will serve as the ownership proof. In case Proprietorship Firm is selected, only one owner can be added. The name of the owner should be exactly as per PAN entered in the application in case the PAN is in name of the owner.

13. Under owner's details particulars of OWNER [\[Employer as per Section 2 \(e\)\] and for the purpose of Form 5A](#) should be entered. In case Proprietorship Firm is selected as ownership type above, only one owner can be added. The name of the owner should be exactly as per PAN in case the PAN furnished is in name of the owner. More than one owner's details can be entered. In such case Employer have to tick mark as **PRIMARY** that employer who is incharge of the PF Matters. The employer should also select the mobile number on which the SMS is to be received.
14. In-case of Establishment is on lease, the details of **LESSEE** are mandatory. This is for the purpose of Form 5A.
15. Employment Details: The employer should give the details of the number of employees (including the employees in its branches) as on date of application, number of excluded employees out of the total and the date on which the number exceeded 19. (In case of a Cinema Theatre, exceeded 4 or in case of a Cooperative Society, working without aid of power, exceeded 49). In case of voluntary coverage, the date of agreement and any subsequent date for coverage mentioned in the Agreement should be entered and the scanned copy of the agreement (in PDF format) is to be uploaded.
16. Bank Details: At-least one **Bank Account Detail** is mandatory. If bank account has the address proof, then the check box against the bank account is to be selected. A scanned copy of cheque is required to be uploaded with bank details. There is option to add more than one bank account. The cheque image is to be uploaded for all the bank accounts.

While making the entry, the IFSC should be entered correctly as given in the cheque leaf, the bank name and branch will be auto displayed. In case of non-IFSC Bank, the data should be entered.

17.Branch Details: This part should be filled if the establishment has branches (units). The number of employees in the branches as on date of application should be mentioned.

PROCESS OF SUBMISSION OF THE FORM

SAVING THE PARTIALLY FILLED APPLICATION

The employer has the option to save a partially filled form after filling the Name & address of the establishment and selection of the Option whether the Act applies or the application is for voluntary coverage.

An application number will be generated, which should be noted by him.

The partially filled application can be reopened with the data on entry of the PAN and application number, for entry of the remaining part and submission.

In case the application number is not noted, a blank form will open after entry of the PAN.

The application number will remain the same whenever the partial form is saved and reopened after some more entries and saved again. However after 30 days of the generation of the application number the data will lapse if the application is not submitted.

SUBMISSION OF THE APPLICATION FORM

The applicant has to click the Preview Button.

All validations will take place and the errors if any, will be prompted one by one.

If the validation is successful, a preview page will open, where employer can check the all details. **(Please see that the POP up blocker is not on)**

It is advised that the application is printed before submission and the data entered is verified against the actual documents to avoid any error. Editing is permitted only till the application is submitted.

If the employer is satisfied that the entered data is correct, he should enter the CAPTCHA code and click the get PIN button.

Employer will get the authorization PIN Number as SMS on primary mobile number selected in the Owner's details. The PIN is also sent on the e-mail id of the employer and if there is any problem in the mobile connectivity, it is advised that the e-mail account should be kept open so that the PIN is noted from the mail also.

He should tick the declaration regarding the correctness of the data and enter the PIN received on his mobile number.

Then on click of submit, the application will be submitted with message on successful submission. A PDF file will be made available for download.

The employer should save the file and print it as a copy of the same will have to be submitted to the EPFO Office once the code number is allotted.

POST SUBMISSION ACTIVITIES

The employer will be intimated about the allotment through SMS and temporary login id and password for the Employer Portal. He will have to login, create his

permanent user id and the password of his choice and start remittance by uploading the ECR text file.

The PROVIDENT FUND CODE NUMBER INTIMATION LETTER will be available for download under his login.

The code allotment letter will have all the documents mentioned in the application printed on it and will be having the Form 5A and blank specimen signature card. The code letter will be treated as incomplete without the Form 5A.

After downloading the code letter, the employer should send to the EPFO Office, under which he has to comply, copies of all the documents mentioned in the application and a copy of the application generated at the time of submission. He should keep all the original documents ready for verification by the EPFO Authorities at the time of post coverage inspection.

In case the PAN verification fails, he will get an SMS on the rejection of the application due to mismatch of the PAN and the name.

If the employer had made an error in correctly entering the PAN or the name, he should again follow the process to apply.

Section II : a) INPUT DATA SHEET for Statutory Coverage

INPUT DATA SHEET FOR THE ONLINE APPLICATION FOR THE P F CODE NUMBER

IN CASE THE EPF AND MP ACT APPLIES TO AN ESTABLISHMENT

PLEASE KEEP THE INSTRUCTION SHEET WHILE FILLING THE INPUT DATA SHEET

Sl no	Field name	Fill it for easy online entry	Ref no in Instruction sheet
1	Name of the Establishment*		Sl. No. 2
2	PAN issued by the Income Tax Department*		Sl. No. 1
3	Address Line 1*		Sl. No. 4
	Address line 2		Sl. No. 4
	City*		Sl. No. 4
	State*		Sl. No. 4
	District*		Sl. No. 4
	PIN*		Sl. No. 4
	Country*	INDIA	
	Phone Number		Sl. No. 4
	Fax Number		
	E-mail id*		
	Web address		
4	Proof of address*	(ticked)	Sl. No. 6
		Bank passbook/statement	
		Post paid phone bill	
		Power connection	
		Water connection	
		License/certificate by a Govt Agency	
5	Date of set up*		Sl. No. 5
6	Documentary proof of the date*		Sl. No. 6
	Ref Number*		
	Date of issue of document*		
	Issued by and at Place*		

7	ONLY IN CASE OF A FACTORY ESTABLISHMENT (else leave blank)		
A	Factory License Number#		Sl. No. 7
B	Date of License#		
C	Issued by authority & Place#		
D	Date of trial production#		

8	DETAILS OF MANAGER OR OCCUPIER OF A FACTORY ESTABLISHMENT			SI. No. 7
SI No	WHETHER OCCUPIER/MANAGER#	GENDER#	NAME#	DESIGNATION#
1				
	DATE OF BIRTH#	FATHER'S NAME	RESIDENTIAL ADDRESS#	
	MOBILE NUMBER	E-MAIL ADDRESS	DATE FROM WHICH IN POSITION#	

Please additional sheets if more than one manager/occupier.

9	Primary Business activity*			SI. No. 8
10	LICENSES			SI. No. 9 & 10
	License type*	License number*		Date*
	Issued by*	Issued at Place*	Remarks	Mark as proof*

Please use additional sheets for more licenses

11	ESIC Code#		SI. No. 11
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12	OWNERSHIP TYPE			SI. No. 12
	Reference number*			
	Date*			
	Issued by and at place*			
13	OWNERS DETAILS			SI. No. 13
SI No	GENDER*	NAME*	DESIGNATION*	PAN
1				
	DIN	DATE OF BIRTH*	FATHER'S NAME	
	RESIDENTIAL ADDRESS*			MOBILE NUMBER*
	E MAIL ID*	DATE FROM WHICH IN POSITION*	WHETHER INCHARGE*	WHETHER PRIMARY (FOR RECEIVING SMS)*

Use additional sheets for more Owners.

14	LEASE DETAILS: ONLY IF THE ESTABLISHMENT IS ON LEASE TO A LESSEE		Sl. No. 14
	Lease from*		
	Lease up to		

15	DETAILS OF LESSEE			Sl. No. 14
Sl No	GENDER#	NAME#		DESIGNATION#
1				
	DATE OF BIRTH#	FATHER'S NAME	RESIDENTIAL ADDRESS#	
	MOBILE NUMBER	E-MAIL ADDRESS		DATE FROM WHICH IN POSITION#

Pl ease additional sheets if more than one lessee

16	EMPLOYMENT DETAILS		Sl. No. 15
	Number of employees including excluded as on date of application*		
	Excludes employees*		
	Date on which employment strength crossed 19*		

17	BANK DETAILS		Sl. No. 16
	IFS Code of the branch		
	Bank Name*		
	Bank Branch*		
	Account Number*		
	Account type*		
	Whether proof*		
Upload scanned image of cheque*			

Additional sheet to be added in case more than one account.

18	BRANCH DETAILS: IN CASE BRANCHES AT DIFFERENT LOCATIONS		Sl. No. 17
	Name of branch#		
	Address#		
	State#		
	District#		
	PIN#		
	Unit type#		
	No of employees#		

Add additional sheets if more branches.

Section II : b) INPUT DATA SHEET for Voluntary Coverage

INPUT DATA SHEET FOR THE ONLINE APPLICATION FOR THE P F CODE NUMBER
FOR VOLUNTARY COVERAGE

PLEASE KEEP THE INSTRUCTION SHEET WHILE FILLING THE INPUT DATA SHEET

Sl no	Field name	Fill it for easy online entry	Ref no of Instruction sheet
1	Name of the Establishment*		Sl. No. 2
2	PAN issued by the Income Tax Department*		Sl. No. 1
3	Address Line 1*		Sl. No. 4
	Address line 2		Sl. No. 4
	City*		Sl. No. 4
	State*		Sl. No. 4
	District*		Sl. No. 4
	PIN*		Sl. No. 4
	Country*	INDIA	
	Phone Number		Sl. No. 4
	Fax Number		
	E-mail id*		
	Web address		
4	Proof of address*	(ticked)	Sl. No. 6
5	Date of set up*		Sl. No. 5
6	Documentary proof of the date*		Sl. No. 6
	Ref Number*		
	Date of issue of document*		
	Issued by and at Place*		

7	ONLY IN CASE OF A FACTORY ESTABLISHMENT (else leave blank)		
a	Factory License Number#		Sl. No. 7
b	Date of License#		
c	Issued by authority & Place#		
d	Date of trial production#		

8	DETAILS OF MANAGER OR OCCUPIER OF A FACTORY ESTABLISHMENT			SI. No. 7
SI No	WHETHER OCCUPIER/MANAGER#	GENDER#	NAME#	DESIGNATION#
1				
	DATE OF BIRTH#	FATHER'S NAME	RESIDENTIAL ADDRESS#	
	MOBILE NUMBER	E-MAIL ADDRESS	DATE FROM WHICH IN POSITION#	

Please additional sheets if more than one manager/occupier.

9	Primary Business activity*			SI. No. 8
10	LICENSES			SI. No. 9 & 10
	License type*	License number*		Date*
	Issued by*	Issued at Place*	Remarks	Mark as proof*

Please use additional sheets for more licenses

11	ESIC Code#		SI. No. 11
----	------------	--	------------

12	OWNERSHIP TYPE			SI. No. 12
	Reference number*			
	Date*			
	Issued by and at place*			
13	OWNERS DETAILS			SI. No. 13
SI No	GENDER*	NAME*	DESIGNATION*	PAN
1				
	DIN	DATE OF BIRTH*	FATHER'S NAME	
	RESIDENTIAL ADDRESS*			MOBILE NUMBER*
	E MAIL ID*	DATE FROM WHICH IN POSITION*	WHETHER INCHARGE*	WHETHER PRIMARY (FOR RECEIVING SMS)*

Use additional sheets for more Owners.

14	LEASE DETAILS: ONLY IF THE ESTABLISHMENT IS ON LEASE TO A LESSEE	Sl. No. 14
	Lease from*	
	Lease up to	

15	DETAILS OF LESSEE			Sl. No. 14
Sl No	GENDER#	NAME#		DESIGNATION#
1				
	DATE OF BIRTH#	FATHER'S NAME	RESIDENTIAL ADDRESS#	
	MOBILE NUMBER	E-MAIL ADDRESS		DATE FROM WHICH IN POSITION#

Please use additional sheets if more than one lessee

16	EMPLOYMENT DETAILS	Sl. No. 15
	Number of employees including excluded as on date of application*	
	Excludes employees*	
	Date of agreement between employer & employees*	
	Any subsequent date mentioned in the agreement*	

17	BANK DETAILS	Sl. No. 16
	IFS Code of the branch	
	Bank Name*	
	Bank Branch*	
	Account Number*	
	Account type*	
	Whether proof	
Upload scanned image of cheque*		

Additional sheet to be added in case more than one account.

18	BRANCH DETAILS: IN CASE BRANCHES AT DIFFERENT LOCATIONS	Sl. No. 17
	Name of branch#	
	Address#	
	State#	
	District#	
	PIN#	
	Unit type#	
	No of employees#	

Add additional sheets if more branches.

Section III : CHECK LIST

After going through the instructions, please ensure that the following documents are ready for data entry, so that you do not have to save a half filled application:

Tick	Document/file/information
	Scanned image of PAN for upload
	All the address proof(s) of the establishment as mentioned in the Instruction Sheet
	The date of set up and the proof for such date
	The factory license number, date, issued by and date of trial production (only for factory)
	The details of the Manager(s) with their personal details (only for factory) .
	The activity in which the establishment is engaged is identified from the list.
	All license in name of establishment and their details.
	In case the establishment is already covered under the ESIC, the ESIC Code
	The ownership details with proof
	Details of the Owners(s)
	If the establishment is already on lease, the start date and the details of the lessee(s)
	The employment details as on application date, number of excluded employees and the date on which the number of employees crossed 19 (or 5 or 49 as applicable)
	Scanned image of cheque(s) of the bank account (s) for upload
	The list of branches of the establishments at different locations with their address and number of employees
	Scanned copy of Consent letter of the majority of employees with their details and signatures. (Only in case of voluntary coverage)
	Date of agreement and any subsequent date mentioned in the said agreement for voluntary coverage. (Only in case of voluntary coverage)

By keeping the record ready and then filling of the form will ensure that no data is missed or wrongly entered.

Once the application is submitted, no editing will be permitted

Appendices

Sections 1 (3)(a), 1 (3)(b), 1(4) and 16 (1) Provisions of the EPF and MP Act, 1952

1. Short title, extent and application.- (1) This Act may be called the Employees' Provident Funds and Miscellaneous Provisions Act, 1952.

(2) It extends to the whole of India except the State of Jammu and Kashmir.

(3) Subject to the provisions contained in section 16, it applies -

(a) to every establishment which is a factory engaged in any industry specified in Schedule I and in which twenty or more persons are employed and

(b) To any other establishment employing twenty or more persons or class of such establishments which the Central Government may, by notification in the Official Gazette, specify, in this behalf:

Provided that the Central Government may, after giving not less than two months' notice of its intention so to do, by notification in the Official Gazette, apply the provisions of this Act to any establishment employing such number of persons less than twenty as may be specified in the notification.

(4) Notwithstanding anything contained in sub-section 3 of this section or sub-section 1 of section 16, where it appears to the Central Provident Fund Commissioner, whether on an application made to him in this behalf or otherwise, that the employer and the majority of employees in relation to any establishment have agreed that the provisions of this Act should be made applicable to the establishment, he may, by notification in the Official Gazette, apply the provisions of this Act to that establishment on and from the date of such agreement or from any subsequent date specified in such agreement.

16. Act not to apply to certain establishments - (1) This Act shall not apply –

(a) to any establishment registered under the Co-operative Societies Act, 1912 (2 of 1912), or under any other law for the time being in force in any State relating to co-operative societies employing less than fifty persons and working without the aid of power

Sections 2(e) Provisions of the EPF and MP Act, 1952

2. Definitions. - In this Act, unless the context otherwise requires, -

(e) “Employer” means-

(i) in relation to an establishment which is a factory, the owner or occupier of the factory, including the agent of such owner or occupier, the legal representative of a deceased owner or occupier and, where a person has been named as a manager of the factory under clause f of sub-section 1 of section 7 of the Factories Act, 1948 (63 of 1948), the person so named; and

(ii) in relation to any other establishment, the person who, or the authority which, has the ultimate control over the affairs of the establishment, and where the said affairs are entrusted to a manager, managing director or managing agent, such manager, managing director or managing agent;

Provisions regarding Form 5A – RETURN OF OWNERSHIP

Extract from the Employees’ Provident Fund Scheme 1952

36A. Employer to furnish particulars of ownership

Every employer in relation to a factory or other establishment to which the Act applies on the date of coming into force of the Employees’ Provident Funds (Tenth Amendment) Scheme, 1961, or is applied after that date, shall furnish in duplicate to the Regional Commissioner in Form No. 5A annexed hereto, particulars of all the branches and departments, owners, occupiers, directors, partners, manager or any other person or persons who have the ultimate control over the affairs of such factory or establishment and also send intimation of any change in such particulars, within fifteen days of such change, to the Regional Commissioner by registered post and in such other manner as may be specified by the Regional Commissioner.

Section IV: CONSENT LETTER FORMAT (for Voluntary Coverage click on the following image to open the PDF)



कर्मचारी नविष्य निधि एवं विविध प्रकीर्ण उपबन्ध अधिनियम, 1952 के धारा 1 (4) के अंतर्गत
स्वेच्छा से व्याप्ति के लिए अधिकांश कर्मचारियों का सहमति पत्र
**Consent Letter of Majority of Employees for Voluntary Coverage under Section 1(4)
of the Employees' Provident Funds and Miscellaneous Provisions Act, 1952**

संसा में/To,

तारीख/Date

क्षेत्रीय नविष्य निधि आयुक्त/The Regional Provident Fund Commissioner,

विषय : मेसर्स (शाखाएं इत्यादि सहित) को कर्मचारी नविष्य निधि एवं विविध प्रकीर्ण उपबन्ध अधिनियम 1952 की धारा 1(4) के अंतर्गत विस्तार करने की सहमति के लिए

Sub : Extension of Employees' Provident Funds and Miscellaneous Provisions Act, 1952 under Section 1(4) to M/s (including branches, etc.) – Consent of majority of Employees – Regarding

महोदय/Sir,

हम अधोहस्ताक्षरी मेसर्स (शाखाओं सहित) के अधिकांश कर्मचारी क.न.नि. और प्रकीर्ण उपबन्ध अधिनियम, 1952 के अंतर्गत दि से स्वेच्छिक आधार पर व्याप्ति के लिए सहमत हैं तथा हम भारत सरकार के गजट में प्रकाशित अधिसूचना के अंतर्गत माह की अंतिम तिथि को अपने हिस्से का नविष्य निधि अंशदान की प्रतिशत की दर से देने को इच्छुक हैं। हम ध्यान भी देते हैं कि उक्त नियम की आवश्यकताओं को तथा समय समय पर जारी संशोधनों का पालन करेंगे।

We the undersigned majority of employees of M/s (including branches etc.) do hereby consent and apply to be covered under the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 on voluntary basis with effect from the last date of the month in which the notification is published in the Gazette of India, and we are willing to pay our share of Provident Fund contribution at the rate of % We also undertake to abide by the requirements of the said statute and the rules framed there under as amended from time to time.

2. हम अनुरोध करते हैं कि कर्मचारी नविष्य निधि एवं विविध प्रकीर्ण उपबन्ध अधिनियम 1952 की धारा 1(4) के अंतर्गत आवश्यक अधिसूचना यथाशीघ्र जारी करने का कष्ट करें।

We request that necessary notification under Section 1(4) of the Act may be issued at an early date.

भवदीय/Yours faithfully

Sl No	नाम/Name	पिता का नाम/Father's name	जन्म तिथि/Date of Birth	हस्ताक्षर/Signature
1				
2				
3				

धारा 1(4) के अंतर्गत विस्तार करने हेतु मैसर्सके अधिकारिता कर्मचारियों सहमति पत्र
 (जारी) Consent of majority of Employees of M/sfor
 coverage under Section 1(4) (Continued)

4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

put additional sheets if so required

नियोक्ता द्वारा अनुप्रमाणित
 Counter Signed by Employer

नियोजक की सहमति Consent of Employer

मैं/हम मेरसं
के स्वामी/निर्देशक/भागीदार, भारत के राजपत्र में दिनांक माह के अंतिम दिन को जब अधिसूचना प्रकाशित किया गया, से कर्मचारी नविष्य निधि एवं विविध प्रकीर्ण उपबन्ध अधिनियम की धारा 1(4) के अंतर्गत स्वैच्छिक आधार पर ध्यापित के लिए आवेदन करते हैं। मैं/हम नियोजक के रूप में इस अधिनियम की धारा 6 तथा 8 के कर्मचारी नविष्य निधि योजना, 1952 के पैरा 29 एवं 38 तथा कर्मचारी पेंशन योजना 1995, जिसे पैरा 28 एवं 39 तथा कर्मचारी नविष्य निधि योजना 1952 के पैरा 38 एवं 39 के अंतर्गत यथाप्रबन्ध प्रकार के साथ पढ़ा जाए, के अंतर्गत तथा प्रायधान किया गया है। प्रतिशत की दर से नविष्य निधि तथा पेंशन निधि अंशदान के मेरे/हमारे हिस्से का भुगतान करने का एतद्द्वारा घबन देते हैं तथा समय समय पर तथा संशोधित सांविधिक तथा उसके अंतर्गत बनाई गई नियमों के सभी प्रायधानों तथा शर्तों का पालन करते हैं।

I/We..... for the Proprietor/Director/Partner of M/s..... do hereby apply for coverage under Section 1(4) of the Employees' Provident Funds and Miscellaneous Provision Act, 1952 on voluntary basis with effect from.....the last date of the month in which the Notification is published in the Gazette of India. I/We, as employer(s), do hereby undertake to and will pay my/our share of Provident Fund and Pension Fund contribution at the rate of%, as provided under Section 6 and 6A of the said Act read with paragraph 29 and 38 of Employees' Provident Funds Scheme, 1952 and paragraph 4 of Employees' Pension Scheme, 1995 and Administrative charges as provided under paragraphs 38 and 39 of Employees' Provident Funds Scheme, 1952 and to abide by all provisions and requirements of the said status and the rules frame there under as amended from time to time.

2. अधिकतम कर्मचारी अंशदान के अपने हिस्से प्रतिशत की दर से भुगतान करने के लिए इच्छुक हैं तथा कर्मचारी नविष्य निधि एवं प्रकीर्ण उपबन्ध अधिनियम तथा उसके अंतर्गत बनाई गई योजना के उपबन्धों के अनुपालन करने के लिए सहमत हैं। इस संबंध में उनकी लिखित सहमती संलग्न है।

The majority of the employees are willing to pay their shares of contributions at the rate of % and have agreed to comply with the provisions of the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 and the Scheme framed there under. The written consent to this effect is enclosed.

3. मैं/हम नियोजन के रूप में हम याता करते हैं कि हम कर्मचारी निक्षेप सहबद्ध बीमा योजना, 1976 के अंशदान को उक्त नियम की धारा 8 (ग), जिसे उक्त स्कीम के पैरा 7 के साथ पढ़ा गया है, के अंतर्गत तथा उल्लिखित 0.5 प्रतिशत की दर से तथा योजना के पैरा 3 के अंतर्गत तथा किया गया है। प्रशासिक प्रकार 0.01 की दर से भुगतान करेंगे तथा सभी प्रायधानों व आवश्यकताओं, सांविधिक तथा समय पर उसके अंतर्गत बनाए गए नियमों का पालन करेंगे।

I/We, as employer(s) do hereby undertake to and will pay the Employees' Deposit Linked Insurance Scheme, 1976 Contributions at the rate of 0.5% as provided under Section 6C of the said Act read with paragraph 7 of the said Scheme and Administrative Charges at the rate of 0.01% as provided under paragraph 3 of the Scheme and to abide by all provisions and requirements and the statute and the rules framed there under from time to time.

4. मैं/हम यह भी आस्थासन देते हैं कि कर्मचारी नविष्य निधि एवं विविध प्रकीर्ण उपबन्ध अधिनियम, 1976 के अंतर्गत बनाई गई योजना के अधीन तारों को मेरे/हमारे अन्य शाखाओं/कार्यालयों/कर्मचारियों/एकों/विभागों/केंद्रियों में कार्यरत कर्मचारियों को बढ़ाएंगे। ऊपर उल्लिखित संस्थानों में नियोजित अधिकतम मजदूरों ने भी कुल कर्मचारियों के अधिकांश कर्मचारियों ने सहमति दी है।

I/We, also undertake and agree to extend the benefits under the Scheme framed under the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 to the employees employed in my/our other branches/offices/units/departments/factories. The majority of the workers employed in the above mentioned concerns have also subscribed to the "consent" by the majority of total employees.

5. मुझे/हमें नियोजक (को) के रूप में मजदूरों के अंशदान की दर प्रतिशत देने के लिए कोई आपत्ति नहीं है, तथा मैं/हम कर्मचारी नविष्य निधि योजना, 1952 के पैरा 39 कर्मचारी निक्षेप सहबद्ध बीमा योजना, 1976 के पैरा 8 अंतर्गत समय-समय पर केंद्रीय सरकार द्वारा तथा निर्धारित आवश्यक प्रशासनिक प्रकारों के भुगतान करने की जिम्मेदारी लेते हैं।

I/We, as employer(s) have no objection to the workers, contribution at the rate of % and I/We, undertake to pay the necessary administrative charges as fixed by the Central Government from time to time under paragraph 39 of the Employees' Provident Funds Scheme, 1952 and paragraph 8 of the Employees' Deposit Linked Insurance Scheme, 1976.

8. केंद्रीय नविष्य निधि आयुक्त के द्वारा अधिनियम की धारा 1(4) के अंतर्गत आवश्यक अधिसूचना जारी करने के लिए आवश्यक व्यवस्था करें।

Necessary Arrangements may kindly be made to issue the necessary notification under Section 1 (4) of the Act, by the Central Provident Fund Commissioner.

Seal

नयदीय / Yours faithfully

नियोजक (कों) का हस्ताक्षर / Signature of Employer(s)