



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

(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 10000083068.]

Code Number : HRKNL1684824000

1. Name of Establishment : SHRI RAM KRISHAN EDUCATION SOCIETY
2. Code Number of the Establishment under EPF Scheme : HRKNL1684824000
3. Postal address of the Establishment and its branches : G.T ROAD BHIGAN, DISTRICT- SONEPAT, SONEPAT, SONIPAT, HARYANA - 131001 [Please see Annexure I]
4. Industry or business in which engaged : SCHOOL
5. Date of commencement of business : 01/04/2016
6. Date of closure by previous : 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. RAJNEESH	30/11/1981	PRESIDENT	HAR VILASH	VPO- BHIGAN MURTHAL SONEPAT	26/02/2017
2	Mr. NEERAJ	30/03/1969	PRINCIPAL	HAR VILAS	HNO 690 BHIGAN MURTHAL SONEPAT	26/02/2017

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 : 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. NEERAJ	30/03/1969	PRINCIPAL	HAR VILAS	HNO 690 BHIGAN MURTHAL SONEPAT	26/02/2017

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 _____

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 : SHRI RAM KRISHAN EDUCATION SOCIETY

Address of the Establishment : G.T ROAD BHIGAN, DISTRICT- SONEPAT, SONEPAT, SONIPAT, HARYANA - 131001

Code Number of the : HRKNL1684824000

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.