



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: 2548542096DLNHP

Date: 17-03-2016

To,

Mr. AJIT KUMAR TRIPATHI
PARTNER
FERMIUM CONSTRUCTIONS LLP
H NO 214B SECOND FLOOR, STREET NO 3 GOVIND PURI NR NATHU
SWEETS KALKAJI, SOUTH
DELHI - 110019

Sub: Allotment of Code Number to establishment M/s FERMIUM CONSTRUCTIONS LLP 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 : DSNHP1446709

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

1. Name of Establishment : FERMIUM CONSTRUCTIONS LLP
2. PAN of establishment : AADFF1864C
3. Date on which employment strength crossed 19 : 22-10-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : EXPERT SERVICES
6. Ownership Type : LIMITED LIABILITY PARTNERSHIP
7. The address proof of the establishment is **1. any license/certificate/number issued by any Govt. authority**
8. The proof of date of set up 14-12-2012 is **Commencement of business by the Registrar of 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 | REMARKS |
|-------|--------|-----------------------|------------|-----------|-----------------|---------|
| a | Others | 200012268800009 99 | 18-02-2016 | ESI | DELHI | ESI |

10. As on date of your application, your establishment is registered with ESIC with code number 20001226880000999.

The office under which you have to comply is :

REGIONAL OFFICE
DELHI SOUTH
EPFO Complex, Plot No. 23 Sector-23,Dwarka, 110075
ro.delhi.south@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 attached with it.

Important information:

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: 17-03-2016



FORM No 5A Date: 17-03-2016
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 BASED ON ONLINE DECLARATION BY THE EMPLOYER WHILE APPLYING FOR THE CODE NUMBER THROUGH APPLICATION ACKNOWLEDGEMENT NUMBER **2548542096** Date **11-03-2016** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : FERMIUM CONSTRUCTIONS LLP
2. Code Number of the Establishment under EPF Scheme 1952 : DSNHP1446709
3. Postal address of the Establishment and its branches : H NO 214B SECOND FLOOR STREET NO 3 GOVIND PURI NR NATHU [No Branch]
4. Industry or business in which engaged : EXPERT SERVICES
5. Date of commencement of business : 14-12-2012
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. AJIT KUMAR TRIPATHI | 10-04-1985 | PARTNER | KALADHAR TRIPATHI | H NO 214 B SECOND FLOOR | 14-12-2012 |
| Mr. SUJIT KUMAR TRIPATHI | 25-01-1985 | PARTNER | KALADHAR TRIPATHI | 214 B SECOND FLOOR KALKAJI DELHI | 14-12-2012 |

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. AJIT KUMAR TRIPATHI | 10-04-1985 | PARTNER | KALADHAR TRIPATHI | H NO 214 B SECOND FLOOR | 14-12-2012 |

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 DSNHP1446709 | | | | | | | |