



EMPLOYEES' PROVIDENT FUND ORGANIZATION
Form For Allotment Of Business Number (B)

PLEASE FILL ALL THE FIELDS IN CAPITAL ENGLISH LETTERS USING BLUE/BLACK BALL POINT PEN ONLY, FIELDS MARKED (*) ARE MANDATORY. REFER INSTRUCTION SHEET FOR GUIDELINES ON FILLING THE FORM

1. * Full name of the establishment /factory (as registered with Income Tax department, Registrar of Companies or any other government authority)

2. If the Establishment is already covered then

The Establishment Code No. / / /

Example MH/1783/A should be written as

M	H
W	B

 /

S	L	G
0	0	0

 /

0	0	1	7	8	3
0	0	0	3	8	8

 /

A

3. * Status / Ownership Type (Please Mention exact code from the List Below.)

COMPANY	<input type="text"/> 1 0	PARTNERSHIP	<input type="text"/> 2 0
CO-OPERATIVE SECTOR	<input type="text"/> 3 0	PROPRIETORSHIP	<input type="text"/> 4 0
OTHERS	<input type="text"/> 9 9	TRUST	<input type="text"/> 5 0

(If Others) Please specify

4* Incorporation / Setup Details

4a. In case Registered as Factory

Factory Licence No.

Licence Date / / / / /

Date Of Trail Production / / / / /

4b. Date of Incorporation / Setup / / / / /

4c. Place of Incorporation /Setup

District/City

State

Pin-code

4d. Please Specify The Supporting Government Code for the Ownership Type

(I) Name of The Issuing Authority

(II) Agency / Authority Code No.

(III) Date of Issue / / / / / Expiry Date (If Any) / / / / /

4e. Describe Establishment's prime (In terms of revenue share or people employed) economic / business activity mentioning main product and process

Other Activities

4f. If the exact 5 digit NIC'98 code for your establishment's prime business/economic activity is known then please mention it here

5. Employee Details (Including all branches, units etc.)

5a. Date on which Employee Strength Exceeded 19 (4 in case of Cinema) For the first time from the setup / incorporation date / / / / /

5b.* Employee Strength on the date of filling this form

5c. Total Wages Paid In Previous Month (In Nearest Rupees)

5d.* Please mention the employee strength for each month (for previous 36 months)

(Not For Data Capture)

Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

5e.* Is the Establishment Seeking Voluntary Coverage Yes No

5f. If Yes, then date from which coverage is sought / / / / /

5h. Reason For Voluntary Coverage

6 Other Supporting Government Codes (If any)

	Code	Issue Date									
		D	D	M	M	Y	Y	Y	Y		
a. Small Scale Industries Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. IT-PAN as given by the Income Tax Department	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Employee State Insurance Corporation	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. General Sales Tax No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Central Sales Tax No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. EXIM Code No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Excise Dept Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Custom Dept Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. RBI Registration No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. IRDA Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Apparel Export Promotion Council Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Directorate Of Education Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m. CBSE Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
n. Directorate Of Health Service Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
o. Food Controller Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
p. Drug Controller Reg. No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
q. Electricity Connection No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
r. Water Connection No.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
s. Other Government Code	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name Of the Issuing Authority	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7a. * Are There any branches / units / subsidiaries to your Establishment ? (Tick mark) <input type="checkbox"/> Yes <input type="checkbox"/> No	
7b. If Yes, then please mention the total number of branches, units and subsidiaries excluding the Registered / Head Office <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Please furnish an annexure of addresses (In the exact format mentioned in the Item 8,9,10 above) for all the branches / units/ subsidiaries	
8. Address of the Establishment (PLEASE FILL THE COMPLETE ADDRESS, ALL CORRESPONDENCE WILL BE DONE TO THIS ADDRESS)	
a. * Serial Number	<input type="text"/> (Starting With 0001 for HQ / Regd. Office / Factory)
b. House/ Door/Flat/Block No. (30 Blocks)	<input type="text"/>
c. Name Of Premises / Building / Village (30 Blocks)	<input type="text"/>
d Road / Street / Lane / Post Office (30 Blocks)	<input type="text"/>
e. Area / Locality/Taluka/Sub Division (30 Blocks)	<input type="text"/>
f. Town /City/District (30 Blocks)	<input type="text"/>
g. * State / Union Territory (30 Blocks)	<input type="text"/>
h. Country (27 Blocks)	<input type="text"/>
i. * Pin Code	<input type="text"/>
j. * Phone No.	<input type="text"/> S T D + <input type="text"/> N U M B E R
k. FAX No.	<input type="text"/>
l. Mobile No.	<input type="text"/>
m. E-mail Id	<input type="text"/>
9.* Complying Independently with EPFO (Tick mark) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, then Please mention the Branch Serial No.Under (through) which the branch complies with EPFO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
10. Details of Person for Co-ordination & follow up	
a. Contact Person Name	<input type="text"/>
b. Designation	<input type="text"/>
c. Phone No.	<input type="text"/> S T D + <input type="text"/> N U M B E R
d. Fax No.	<input type="text"/>
e. Mobile No.	<input type="text"/>
f. E-mail Id	<input type="text"/>
11. * Verification By Employer	
The details furnished above are true and correct to the best of our knowledge and belief. It is clearly understood that I am liable for legal action in case of furnishing false information or failure to disclose any material information	
a. Name,Signature and Stamp of Applicant / Authorized Signatory	Seal of Establishment
Name <input type="text"/>	<input type="text"/>
Signature <input type="text"/>	
b. Date	<input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y
c. Place	<input type="text"/>
12. List Of Enclosures (Tick mark if attached)	
<input type="checkbox"/>	Photocopy of Code No. letter issued by EPFO as per Item 2.
<input type="checkbox"/>	Registration Information as mentioned in Item 4c. (i.e. supporting government code for the declared ownership type)
<input type="checkbox"/>	Employee & Employer Consent for Item 5e. (if applicable)
<input type="checkbox"/>	List of branches as mentioned in item 8,9.
<input type="checkbox"/>	Other Encl. (for item 6) (a) <input type="text"/>
	(b) <input type="text"/>
	(c) <input type="text"/>
13. For Office Use Only	
a. Form Received Or	<input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y
b. Form Number	<input type="text"/>
c. Data Entry Done On	<input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y
d. Checked By	<input type="text"/>
e. BN Allotted	<input type="text"/>
f. Allotment Date	<input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y
g. Coverage Under Section	<input type="text"/>
h. In case the application is rejected, Reason	<input type="text"/>