**Employees Provident Fund Scheme**

**Form 5**

[Paragraph 36(2)(a) of the Employees’ Provident Funds Scheme, 1952 and   
Para 20(4) of the Employees’ Pension Scheme, 1995]

Return of Employees qualifying for membership of the Employees’ Provident Fund, Employees Pension Fund & Employees’ Deposit Linked Insurance Fund for the first time during the month of

(To be sent to the Commissioner with Form 2 (EPF & EPS)

Name and Address of the Factory/Establishment

Code No. of Factory/Establishment ………………………………………………..

| Sl. No | Account No. | Name of Employee (in block capitals) | Father’s name (or Husband’s name in case of married woman) | Date of Birth | Sex | Date of joining the Fund | Total period of previous service as on the date of joining the  Fund (Enclose Scheme certificate if applicable) | Remarks |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  |  |  |  |  |  |  |  |  |

Signature of the Employer or other authorized officer of the Factory/Establishment

Date …………….. Stamp of the Factory/Establishment