



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: 2151728216KNBNG

Date: 08-06-2016

To,

Ms. BANDILI SUNANDA
DIRECTOR
INFOBELL IT SOLUTIONS PRIVATE LIMITED
NO.3, R K GENESIS, NO.17, 2ND CROSS, PAMPA EXTENSION,KEMPAPURA,HEBBAL
BANGALORE, BANGALORE
KARNATAKA - 560024

Sub: Allotment of Code Number to establishment M/s INFOBELL IT SOLUTIONS PRIVATE LIMITED 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 : BGBNG1479152

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

1. Name of Establishment : INFOBELL IT SOLUTIONS PRIVATE LIMITED
2. PAN of establishment : AAECI1139B
3. Date on which employment strength crossed 19 : 01-06-2016
4. Section under which covered : 0001(3)(b)
5. Primary Activity : COMPANIES/SOCIETIES/ASSC/CLUBS/TROUPES FOR PERFORMANCES
6. Ownership Type : PRIVATE LIMITED COMPANIES
7. The address proof of the establishment is **1. copy of bank passbook/statement**
2. any license/certificate/number issued by any Govt. authority
8. The proof of date of set up 07-04-2016 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	Registrar of Companies	U72900KA2016PT C092305	07-04-2016	DEPUTY REGISTRAR OF COMPANIES CENTRAL REGISTRATION	BANGALORE	
b	Others	180729004	07-04-2016	THE PROFESSIONAL TAX OFFICER	BANGALORE	THE PROFESSIONAL TAX OFFICER

10. As on date of your application, your establishment is not registered with ESIC .

The office under which you have to comply is :

REGIONAL OFFICE

BANGALORE

Bhavishyanidhi Bhavan, No. 13, Raja Ram Mohan Roy Road, 560025

ro.bangalore@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: 08-06-2016



FORM No 5A Date: 08-06-2016
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 **2151728216** Date **06-06-2016** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : INFOBELL IT SOLUTIONS PRIVATE LIMITED
2. Code Number of the Establishment under EPF Scheme 1952 : BGBNG1479152
3. Postal address of the Establishment and its branches : NO.3, R K GENESIS, NO.17, 2ND CROSS PAMPA EXTENSION, KEMPAPURA, HEBBAL [No Branch]
4. Industry or business in which engaged : COMPANIES/SOCIETIES/ASSC/CLUBS/TROUPES FOR PERFORMANCES
5. Date of commencement of business : 07-04-2016
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)
Ms. BANDILI SUNANDA	14-11-1971	DIRECTOR	RAMANAIAH B	NO.39, 1ST MAIN, 1ST CROSS	07-04-2016
Mr. P.SREENIVASULU	01-08-1974	DIRECTOR	RAMANAIAH	FLOT NO.A-1505, 15TH FLOOR, TOWER SIENNA, RMZ GALLERIA RESIDENCES, STATE HIGHWAY 9, AMBEDKAR COLONY, YELAHANKA, BANGALORE 560065	07-04-2016
Ms. BINDU GOPINATH	29-04-1973	DIRECTOR	RAGHAVAN NAMBIAR KARANAM KOTTATH	NO.172/C, NO.65, 10TH ,MAIN, 9TH CROSS, MARUTHI NAGAR, MALLESHAPALYA, NEW THIPPASANDRA, BANGALORE NORTH, BANGALORE 560075	07-04-2016

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)
Ms. BANDILI SUNANDA	14-11-1971	DIRECTOR	RAMANAIAH B	NO.39,1ST MAIN,1ST CROSS	07-04-2016

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 BGBNG1479152							