

Date 27/03/2020
Name &Address of the Factory /Establishment
ABC INDIA PVT LTD
4-73 ANNA SALAI
CHENNAI
Tamil Nadu

FORM - 5
THE EMPLOYEES' PROVIDENT FUNDS SCHEME ,1952
[Paragraph 36 (2) (a)]
AND THE EMPLOYEES' PENSION SCHEME ,1995
[Paragraph 20 (4)]

Return of Employee qualifying for membership of the employee provident Fund ,Employees' Pension Fund &Employees' Deposit Linked Insurance Fund for the first time during the month of FEBRUARY - 2020

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

Code No. of Factory /Establishment

Sr. No.	PF A/C No	Name of Employee (in block letters)	Father's Name(or Husband's Name in case of married Women)	Date of Birth	Sex	Date of Joining the fund	Total period of previous services as the date of joining the fund(Enclose Scheme Certificate if applicable)	Remarks
1		Swati Amberkar		29/01/1995	Male	01/02/2020		

Signature of the Employers or others