

EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

Date: 03-Dec-2024

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

(Ist RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10001683132.]

Code Number: NEGHY3439662000

1. Name of Establishment : MT.CARMEL ENGLISH SCHOOL

2. Code Number of the Establishment under EPF Scheme : NEGHY3439662000

3. Postal address of the Establishment and its branches: Mount Carmel English School, Balek Road, Mirmir Chariali,

Pasighat, EAST SIANG, ARUNACHAL PRADESH - 791102 [Please see Annexure I]

4. Industry or business in which engaged : SCHOOL

5. Date of commencement of business : 01/04/2011

6. Date of closure by previous : N/A

7. Whether run by owner or lessee : Run by Owner

8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. DAVID LALRENGPUIA	30/01/1966	Principal		E-204 NEAR GB SCHOOL BASAR NYOBOM VILLAGE West Siang Arunachal Pradesh 791101	01/04/2011

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
					_ 5555

10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. DAVID LALRENGPUIA	30/01/1966	Principal		E-204 NEAR GB SCHOOL BASAR NYOBOM VILLAGE West Siang Arunachal Pradesh 791101	01/04/2011

Date: Signature of employer _____

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	Name of Employer	
Seal of Establishment	Designation of Employer Mobile number	
Signature of employer at serial number of Owners d Signature of remaining employers:	letails, if more than one employer.	
Signature	Signature	
Name	Name	
Signature	Signature	
Name	Name	
Signature	Signature	
Name	Name	
Signature	Signature	
Name	Name	

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ANNEXURE - I

Details of Branches of the Establishment

ANNEXURE - II

List of Branches having Separate/ Sub Code Number

ANNEXURE - III

Details of Bank Account Number

Copy of cheque of the primary account number : null

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SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY _____ Name of Establishment : MT.CARMEL ENGLISH SCHOOL Address of the Establishment: Mount Carmel English School, Balek Road, Mirmir Chariali, Pasighat, EAST SIANG, ARUNACHAL PRADESH - 791102 : NEGHY3439662000 Code Number of the STATUS OF THE SIGNATORY: # EMPLOYER / AUTHORISED SIGNATORY # Strike whichever is not applicable SPECIMEN SIGNATURE 2. _____ SPECIAL INSTRUCTION, IF ANY _____ ATTESTED SPECIMEN SIGNATURE OF Mr/Ms Signature of employer _____ Name of Employer Designation of Employer _____ Seal of Establishment Mobile number _____ [] Please tick if "Not Applicable" due to upload of digital signature To be submitted separately for each Authorised Officer, if more than one. Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the

Authorised signatories.
In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.

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