

## INPUT DATA SHEET FOR THE ONLINE APPLICATION FOR THE P F CODE NUMBER

### FOR VOLUNTARY COVERAGE

**PLEASE KEEP THE INSTRUCTION SHEET WHILE FILLING THE INPUT DATA SHEET**

Sl. No.	Field Name	Fill it for Easy Online Entry	Ref No. Of Instruction Sheet
1	Name of the Establishment*		
2	PAN issued by the Income Tax Department*		
3	Act Applies to My Establishment*	<b>Voluntary Coverage</b>	
4	Address 1*		
	Address 2		
	State*		
	District*		
	PIN Area*		
	Phone No*		
	Fax No		
	E-mail id*		
	Web Address		
5	Proof Of Address*	<b>(Unticked)</b> (If Bank Passbook is selected as Address Proof then Bank Details has to be furnished.)	
		Bank Passbook/Statement	
		<b>(ticked)</b>	
		Post-paid telephone bill of any company	
		Power connection in the name of the Establishment	
		Water connection in the name of the Establishment	
		License/Certificate/ Number issued by any Govt. Agency	
6	Date of Set-Up*		
7	Documentary proof of date of Set Up*		
	Document Name*		
	Ref Number*		
	Date of Issue of Document*		
	Issued by and at Place*		
8	Business Activity		
	Whether the Establishment Is a Factory (Else leave blank) – Yes/No		
	a. Factory License Number#		
	b. Date of License#		
	c. Issued by Authority & Place#		
	d. Date of trial production#		
	Primary Business Activity		
	Whether the Establishment is Start Up (Else leave blank) – Yes/No		
	Certificate No.		
	Certificate date		
	Whether Annual Turn Over for any financial Year has Exceeded Rs. 25 Crores	Yes/No	

	Whether the Establishment is a MSME Certificate	Yes/No	
	Certificate Date		
9	Licenses Issued By Various Authorities		
	Type*		
	Number*		
	Date*		
	Issued By*		
	Issued At Place*		
	Remarks		
	Mark as Proof*		
Please use add row for licenses			
10	Whether Establishment Is Covered Under the ESIC Act*	Yes/No	
	If Yes ESIC No.		
11	Whether LIN is allotted*	Yes/No	
	If Yes LIN		
12	Ownership Details		
	Ownership Type*		
	Registration/Deed No.*		
	Date of Registration No.*		
	Issued By At*		
	No of Owners		
	CIN		
13	Particulars of Owners		
	Name*		
	Status/Designation*		
	Date Of Birth*		
	Father's Name*		
	Residential Address*		
	Mobile No.* & e-mail		
	Date from Which In Position*		
	Whether The Owner Is In-charge Of Business Of Establishment*		
	Primary*		
Please use add row for licenses			
14	Particulars Of Lease		
	Whether The Establishment On Lease* (Else leave blank) – Yes/ No		
	Lease from*		
	Lease upto*		
	Details of Lessee		
	Gender#		
	Name#		
	Designation#		
	Date Of Birth#		
	Father's Name		
	Residential Address#		
	Mobile Number		
	E-mail Address		
	Date from Which in position		

15	Employee Details		
	A. Number Of Employees(Including Excluded Employees) As On Date Of Application*		
	B. Number Of Excluded Employees*		
	C. Date On Which The Employment Strength Exceed* 19		
16	Bank Details		
	IFSC Code		
	Bank Name		
	Branch Name		
	Account Number		
	Account Type		
	Mark As Address Proof		
17	Branch/ Division Details		
	Whether the Establishment is having a single Unit or has several Units(Branches)* if Yes (Else leave blank)		
	Name of Branch#		
	Address#		
	State#		
	District#		
	PIN#		
	Unit Type#		
	No of Employees#		
	Status#		
Please use add row for licenses			
18	Document Upload		
	PAN*		
	Proof Of Address*		
	Date Of Setup Of Establishment*		
	License*		
	Cheque	Only if Bank Passbook is selected as Address Proof then Cheque is to be Uploaded	
	Specimen Signature*		
	Consent letter*	Only in case of Voluntary Coverage	