ONLINE REGISTRATION OF ESTABLISHMENT WITH DSC

Version: 2.0

USER MANUAL

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IS DIVISION EMPLOYEES PROVIDENT FUND ORGANISATION Head Office, New Delhi

ONLINE REGISTRATION OF ESTABLISHMENTS

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To read the specific chapter, open the hyperlink by pressing Control+Click



INSTRUCTIONS FOR EMPLOYER REGISTRATION

In the EPFO Official Website, <u>www.epfindia.gov.in</u>, select the 'For Employers', under 'Our Services' and then select the fourth item, 'Online Registration of Establishment (OLRE Portal)' this will open the Employer Registration Homepage.

In the Employer Registration Homepage, New user needs to select the Register option, to register the Employer. Already registered Employers can directly login with their credentials. This document explains the process of Employer registration. This should be followed by registration of DSC (Digital Signature Certificate) of the Employer which is a pre-requisite to submit a fresh OLRE application.

(A statutory body under Ministry of Labour and Employment		EMPLOYER E-S	SEW.
EMPLOYER REGISTRATION / LOGI	N FOR ONLINE REGISTRATION OF E	ESTABLISHMENTS	
VELCOME EMPLOYERS		OGIN	
Dear Employers !! The Proprietorship Firms that have applied/or want to apply for PF code number online, g Owners details as per their full name (First name, middle names and last name). In case printed on the PAN Card (other than complete name) then there is a chance of rejection or database and name as per card. In case of rejection of application due to mismatch plea application submitted online to oire@epfindia.gov.in for guidance. REGISTER >>	hould enter the name of the Proprietor in the they have chosen a different name to be ue on isomatch in the name as per PAN se mail scanned copy of PAN and the	USER NAME PASSWORD Sign In Formot password 2	
Attention Dear Employers! Establishments that are already having a code number but wants a separate code num convenience shall first submit Form 5A' using the <u>EPFO E-Sava portal</u> login and get been received, they can apply using the 'Apply for Branch Code' link in the same portal separate PF Code number)	nber for a Branch Unit for the administrative re PAN verified. After 'PAN verified' SMS has	NSTRUCTIONS	

On selecting the Register Button, the following Screen will open. Enter the Details as required in the Form. The Items with Red Star are mandatory.

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Employees' Provident Fund (A statutory body under Ministry of Labour and			EMPLOYER E-SE	WA	
	EMPLOYER REGISTRATION			Home	
	Employer Registration Form			1	
	* Marked Fields are Mandatory.				
	EMPLOYER'S DETAILS				
FIRST NAME* KA	VITA	D			
MIDDLE NAME		D			
LAST NAME SH	ARMA	D			
GENDER* FE	MALE V 🗊				
FATHER'S NAME * ON	KAR NATH SHARMA				
DATE OF BIRTH * 01	-10-1973				
EMPLOYER PAN* YOU	RPS5955M ① r PAN will be verified against the name at the time o e to apply for a code number through this User Regi		nature and only on it being successful you will be		l
ADDRESS 1" H-:	369, KESHAVPURAM	D			
ADDRESS 2 AW	AS VIKAS 1, KALYANPUR	D			
CITY* KA	NPUR	D			
STATE* UT	TAR PRADESH 🔽 District [®] KANPUR	R NAGAR			
COUNTRY INC	IA				



 First Name: Enter the First name (mandatory), Middle Name and Last Name. The name should be entered exactly as furnished to Income Tax Department. Even a slight variance with an extra space etc. will result in rejection as the data is verified online. The name as per Income Tax department may be verified in the following link.

https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html

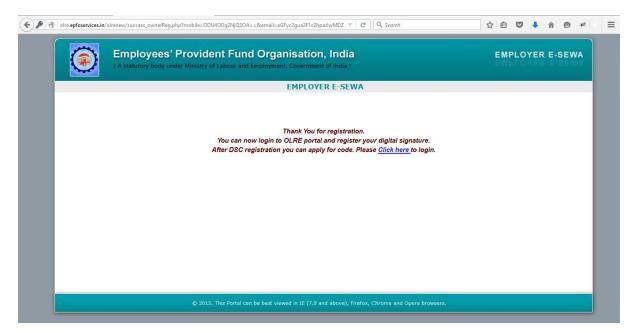
- The Employer PAN: On entering the PAN of the Employer, a message stating Employer PAN Available will appear, which indicate the Employer is not already registered in this portal. PAN will be verified later with the name and online application will be permitted only on successful verification.
- 3. Username: You can select username of your choice. On entering the same the system will show a message that username is available or not. You may show the mouse pointer on the thumbnail (Question Mark Sign) next to the text box, to show the format / validations.

🔄 🕲 ole epfoservices in/olenew/owner_registration_form.php 🛛 🗸 🖻 💟 🦊 🏦 🗒) **	- E	=
STATE [®] UTTAR PRADESH V Distrid [®] WAFUR NAGAR V COUNTRY INDIA. PINCODE [®] 208017 WOBILE NO [®] 555866468 E-MAIL ID [®] harsh.kaushik2006@gmail.com USERNAME [®] kowitasharma USERNAME [®] kowitasharma USERNAME [®] kowitasharma USERNAME [®] to the composition of th			^
PHAPLN Please type the characters shown in the image. PHAPLN GET PIN PIN sent to your mobile. If PIN is not received within 5 minutes, please verify your mobile number. GET PIN PIN sent to your mobile number. PN has been sent to your mobile number.			
DECLARATION:			
I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY WRONG INFORMATION MAY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS.			
I Agree to the above Declaration Enter Authorization PIN received on your mobile and press the Submit button to finally submit the form.: 6695 Submit			ľ

- 4. Select the Question Hint of your choice and enter your hint answer. This will help you later, at the time of forget password situations. With this the filling of Employer registration form is complete. Enter the Characters shown in the image (CAPTCHA) and Click the GET PIN button.
- 5. You will get a PIN on your mobile number. Enter the PIN in the box, select the check box for 'I Agree' and submit the application.
- 6. An e-mail link will also be sent simultaneously to the given email-id, which is to be activated to enable submission of Application for Online Registration of Establishment.



7. You have successfully completed the Employer registration and will get the following screen.





INSTRUCTIONS FOR DSC REGISTRATION

Once the Employer Registration is successfully completed and the username and password has been obtained, it is mandatory to register the DSC (Digital Signature) of the Employer. Let us see the step by step procedure of DSC registration in this document.

- 1. Open Employer Registration Home Page from the EPFO official Website.
- 2. Enter your username and password.

Employees' Provident Fund Org		E	MPLOYE	ER E-	-SEWA
(A statutory body under Ministry of Labour and Employr	ent, Government of India)				
EMPLOYER REGISTRATION / LO	OGIN FOR ONLINE REGISTRATION	OF ESTABLISHMENTS			
WELCOME EMPLOYERS		LOGIN			
Dear Employers !!		USER NAME			
The Proprietorship Firms that have applied/or want to apply for PF code number onl Owners details as per their full name (First name, middle names and last name). In		kavitasharma			
printed on the PAN Card (other than complete name) then there is a chance of reject database and name as per card, in case of rejection of application due to mismatch	tion due to mismatch in the name as per PAN	PASSWORD			
application submitted online to olre@epfindia.gov.in for guidance.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
REGISTER >>		Sign In			
		Forgot password ?			
Attention Dear Employers!		INSTRUCTIONS			
Establishments that are already having a code number but wants a separate cod		Content awaited			
convenience shall first submit 'Form 5A' using the EPFO E-Sewa portal login and	get the PAN verified. After 'PAN verified' SMS has ortal. (Instructions for Registration of Branch - for a			_	

3. In the page that is opened, select the Second Tab, DIGITAL CERTIFICATE.

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Employees' Provident Fund Orga (A statutory body under Ministry of Labour and Employment		EMPLOYER E-SEWA
A HOME DIGITAL CERTIFICATE 🌸 PROFILE 💀 APPLY FOR CODE	e 🚽 PDF REPORT 🔯 SETTING 💧 LOGOUT	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING
	EPFO E-Sewa Portal	
VIEW CE Register Certificate	ne Registration of Establishments.	
© 2015. This Portal can be best vier	wed in IE (7.0 and above), Firefox, Chrome and Opera browsers.	

olre.epfoservices.in/olrenew/employer_register_dsc.php



- 4. Select the option, REGISTER CERTIFICATE.
- 5. The System prompts for Details of Employer

🔬 номе	DIGITAL CERTIFICATE	🧟 PROFILE 🛛 📈 APP	LY FOR CODE 🛛 🚽 PD	FREPORT 🥸 SETTING	懀 LOGOUT	WELCOME: KAVITASHA OWNER PAN SATAUS: PE	
			Register Digital	Signature Certificate			
				ployer Details IP Address - 223.176.130.154			
				* Compulsary field			
		(Please enter	Employer I r name exactly as per Digital Ce		*		
			Mobile Nu	mber: 8588866468	*		
				NEXT			
				NEXT			

- 6. The Name of the Employer and the Mobile Number will be auto populated from the Employer registration data. The Name is editable and mobile number is non editable. In case the name entered in Digital Signature Certificate is different, please edit it as per the same. Now, select NEXT.
- 7. Select the Type of the Digital Certificate, as per your DSC available with you.

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🔬 номе 📲	DIGITAL CERTIFICATE	🎊 PROFILE	APPLY FOR CODE		Q SETTING	懀 LOGOUT		WELCOME	: KAVITASH SATAUS: P	
			Register	r Digital Signature	e Certificate					
							Instructions			
		s	elect type of Digital	Signature Certific	ate		 To successfully Certificate (DSC Environment 1.7 required), Java Runtin	ne	
			○ <u>Sign with .PFX</u>	D ISB token			 To successfully Signature Certifi Accept button. 	upload your E icate (DSC), c	ligital lick Run/	
							 The following de Signature certifi 			
			SUBI	MIT			Validity, Root sig CCA India, and I provided on the exactly match wi inside DSC.	ning authority Name that yo previous pag	should be have should	



8. On selecting the USB token the button, a pop-up will appear as shown below. Click on Run.

(A statutory body under Minist	Security Warning	
🛣 Home 📑 digital certificate 🍇 Pro	Do you want to run this application? Name: smartcardapplet.ListDialog Publisher: Vrbussos Solutions Pvt1td Location: http://oire.epfoservices.in	WELCOME: KAVITASHARMA Owner pan sataus: pending
	Rink: This application may be a security risk Rink: This application will run with unrestricted access which may put your computer and personal information at risk. The information rowind eight unreliable or unknown so it is recommended not to run this application unless you are familiar with its source The certificate used to identify this application has expired. More Information Select the box below, then click Run to start the application Image: The risk and want to run this application. Image: The risk and want to run this application. Show Options	Istructions To successfully upload Digital Signature Certificate (DSC), Java Rumtime Environment 1.7 or higher version is required To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button. The following details of your Digital
	SUBMIT	Signature certificate will be validated - Validity, Root signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.

9. Select Your USB TOKEN Certificate appears. Click on it to get the following DSC details pop-up. Ensure your DSC USB Token has been inserted in the USB port properly.

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🄬 номе		🎊 PROFILE	APPLY FOR CODE		🐼 SETTING	懀 LOGOUT	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDIN
			Registe	r Digital Signatur	e Certificate		
							Instructions
		s	Select type of Digital	Signature Certific	ate		 To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required
			○ <u>Sign with .</u> PFX ● <u>Sign with Your L</u>	(?) ISB token (?)			 To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button.
			Select Your USB 1	OKEN Certificate			 The following details of your Digital Signature certificate will be validated -
			SUB	MIT			Validity, Root signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.

Pl. Note: The same Digital Signature once registered with any user, will not be permitted with any other user.

10. Select this Certificate, in the following screen.



۲		Fund Organisation, India	EMPLOYER E-SEWA
<u> но</u> ме	🍇 PROFILE 🚦	Select your USB Token Digital Certificate	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING
	Sel	Issued to CN=V Ranganath, ST=Delhi, OID.2.5.4.17=110066, OU='EPFO,Cl Issued by: CN=(n)Code Solutions CA 2014, OID.2.5.4.51='301, ONFC Infoto Valid Titl: Tue Jul 04 14.38.43 IST 2015 Valid Titl: Tue Jul 04 02:10.25 IST 2017 Select this certificate	Instructions • To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required • To successfully upload your Digital Signature Certificate (DSC), click Run/Accept button. • The following details of your Digital Signature certificate will be validated - Validate, and Kane that you have provided on the previous page should eracity match with the name provided inside DSC.

11. Enter your PIN details of the DSC and press OK.

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	Provident Fund Organisation		EMPLOYER E-SEWA	
	Wind hart Card see enter your PIN. Selk	DF REPORT SETTING LOC lows Security X	Instructions • To successfully upload Digital Signature Certificate (DSC), sava Rumitme Ertificate (DSC), sava Rumitme Ertificate (DSC), sava Rumitme Ertificate (DSC), sava Rumitme Ertificate (DSC), click Run/ Accept button. • To successfully upload your Digital Signature certificate (DSC), click Run/ Accept button. • The following details of your Digital Signature certificate will be validated- Validk, Root signing authority should be CCA India, and Name that you have provided on the providus gate should exactly match with the name provided inside DSC.	
	© 2015. This Portal can be best viewed in IE (7.	0 and above), Firefox, Chrome and Opera	browsers.	, v

- 12. The message, Certificate selected successfully appears, click OK.
- 13. The View Digital Signature Screen appears, with the details of Active DSC registered with a Successfully Registered message.



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		Organisation, India mployment, Government of India)		EMPLOYER	E-SEWA
A HOME TA DIGITAL CERTIFIC	CATE 🎎 PROFILE 😹 APPLY	FOR CODE 🚽 PDF REPORT	SETTING 🔺 LOGOUT	WELCOME: KAN OWNER PAN SAT	
		View Digital Signatur	es		
Active DS		registered Digital Signature Co	rtificate.		
Sr No	Emplo	yer Details	Date of Registration	Status	
	Name: Designation: Mobile number: Valid From: Valid To:	V RANGANATH 8588866468 04-07-2015 04-07-2017	23-11-2015 17:03	Active	- 1
					_
	© 2015. This Portal can I	be best viewed in IE (7.0 and above), Fi	refox, Chrome and Opera browsers.		

14. Now you are ready to go ahead with Apply for Code, by selecting the Fill Application Form Option.

Orre.epfoservices.in/olrenew/employer_home.php	⊽ C] Q Search	☆ 🖻 🛡 🖡 🔗 🥓 🚍
	nt Fund Organisation, India abour and Employment, Government of India)	EMPLOYER E-SEWA
ADME 💽 DIGITAL CERTIFICATE 🍇 PROFILE	APPLY FOR CODE OF POP REPORT SETTING LOCOUT	WELCOME: KANTTASHARMA OWNER PAN SATAUS: VERIFIED
	is Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers.	
olre.epfoservices.in/olrenew/employer_home.php#		

Please ensure that the user (employer) who has registered, has put in his PAN and his own DSC. The applicant Employer will be responsible for correctness in the application form and for authentication of documents.



INSTRUCTIONS FOR FILLING THE OLRE FORM

BEFORE YOU FILL UP THE FORM FOR A PF CODE NUMBER, PLEASE GO THROUGH THESE INSTRUCTIONS.

ONCE YOUR APPLICATION IS SUBMITTED, YOU WILL NOT BE ABLE TO EDIT ANY DATA.

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	🔏 HOME 📑 DIGITAL CERTIFICATE 🎎 PROFILE 🙀 APPLY FOR CO	DE 👤 FORM 5A / 2A 🤯 SETTING 👍 LOGOUT		WEL	COME: K/	VITAK	AUSHI	ĸ
l	Application	Employees' P F Organisation for Registration Number of Establishment * Narked Fields are Mandatory.						
L		ESTABLISHMENT DETAILS						
I.	NAME OF THE ESTABLISHMENT AS PER PAN*	XYZ LIMITED						
I.	PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT*	AQRPS5955M						
I.	ACT APPLIES TO MY ESTABLISHMENT *	THE EPF AND MP ACT APPLIES TO MY ESTABLISHMENT						
l		A-703 REGIONAL OFFICE 28. Community Centre, Wazirpur Industrial Area, 110052 rodelhi.north@epfindia.govin	OFFICE NAME	DELHI	NORTH 2)		
I.	ADDRESS 2	SECTOR 23 DWARKA	D					
I.	СПҮ*	NEW DELHI						
I.		STATE* DELHI District* SOUTH WEST		~				
I.		PIN / AREA* 110075						
I.		COUNTRY : INDIA						
		PINCODE * 110075		-				v
<								>

1. The applicant should have a PAN in the name of the establishments/proprietor of the establishment for which he/she is applying.

Only in case of a Proprietorship firm, the PAN can be in the name of the

Proprietor. In such case the name of the OWNER in the Owners' details should be exactly as per the PAN. In such case the same PAN as of the registered owner should be entered, as name of the proprietor will be auto populated in the Owner details.

 The name should be entered exactly as furnished to Income Tax Department. Even a slight variance with an extra space etc. will result in rejection as the data is verified online. The name as per Income Tax department may be verified in the following link. <u>https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html</u>



 Application should be made by the employer if the Act applies on its establishment. For this purpose you may refer to the <u>Section 1(3) (a) and 1 (3) (b)</u> of the EPF and MP Act 1952. The list of activities on which the Act applies should also be referred.

The employer of an establishment on which the Act does not apply, can also apply for a code number on voluntary basis (PI refer <u>Section 1(4)</u> of the said Act, if the majority of the employees of the establishment give their written consent for coverage from the date on which it is agreed upon or any subsequent date in the agreement. The consent cannot be from a previous date.

The employer should select the appropriate option for the applicability.

- 4. Address: The employer should have documentary address proof for the address entered. Following address proofs are accepted:
 - Any license/certificate/number issued by any Govt. authority
 - Copy of water connection in the name of the Establishment
 - Copy of bank passbook/statement
 - Copy of postpaid telephone bill of any company
 - ✓ Copy of power connection in the name of the Establishment

The application will show the above address proof as auto selected except "Copy of bank passbook/statement". However the employer can de-select the ones that are not available with him/her.

In case it is de-selected it will be treated as a declaration of the employer that the deselected address proof is not available for his/her establishment.

If the employer wants to produce "Copy of bank passbook/statement" as an address proof for the establishment, then he must select the option "Copy of bank passbook/statement".

At least one address proof is mandatory.

Note: Out of the address proofs declared, one address proof document should be uploaded as digitally signed PDF.

The address entered will be used to decide the jurisdiction of the PF office under which the establishment will fall.

If employer is selecting address proof as "copy of postpaid telephone bill of company" than employer should mention the post-paid telephone no. in telephone number column.





- 5. Date of set up: Date of setup will be the date when the establishment was started.
- 6. Proof of date of setup: Proof of date of setup will be based on drop down menu list. The list is only indicative. In case the employer has some other proof of setup, he may select others, and enter the relevant details.

Note: Digitally signed PDF of document should be uploaded.

7. IF THE ESTABLISHMENT IS A FACTORY Establishment, then employer have to provide FACTORY Details and MANAGER/OCCUPIER details in their respective fields, which will appear after selecting YES.

In case the employer is also the Manager/Occupiers of the factory, the name of the

Owner may appear in both Manager/Occupier details as well as in the Owners' Details later in the application.

- 8. PRIMARY BUSINESS ACTIVITY will be selected based on drop down menu list. The list will appear based on selection of THE ESTABLISHMENT IS A FACTORY as Yes or No. In case of a Factory, the list of Schedule I Industries will appear in the drop-down, and in case of a Non-Factory Establishment, class of establishments notified will appear. It is advised that the employer should identify the activity before start filling of the form.
- 9. Whether establishment is START UP: the option Yes or No can selected.
 - if "Yes" is selected then Order number and date of Order should be provided. The date of setup cannot be before five years from current date.

DOC	CUMENTARY PROOF	OF DATE OF SET UP		
DOCUMENT NAME*			DATE OF ISSUES OF DOCUMENT*	ISSUED BY, PLACE*
-Select-				
WHETHER THE ESTABLISHMENT IS A FACTORY*	© Yes © No			
WHETHER THE ESTABLISHMENT IS A FACTORY SECTION APPLICABLE				
SECTION APPLICABLE				
SECTION APPLICABLE PRIMARY BUSINESS ACTIVITY*	Select			
SECTION APPLICABLE PRIMARY BUSINESS ACTIVITY* WHETHER THE ESTABLISHMENT IS STARTUP*				
SECTION APPLICABLE PRIMARY BUSINESS ACTIVITY*	Select	DATE OF ORDER*		

- Annual Turn Over for any of the earlier financial year cannot exceed Rs. 25 Crores.
- If the certificate details are not available, select "No" option.
- In case annual turnover exceeds 25 crores or when "No" is selected, the establishment will be taken as not a Startup.
- 10. Whether Establishment is MSME: the option Yes or No can be selected.
 - If "Yes" option is selected then the MSME number and date should be provided.

BU2	INESS ACTIVITY AND C	JWNER'S DETAIL	5
WHETHER THE ESTABLISHMENT IS A FACTORY [*]	🖱 Yes 🖱 No		
SECTION APPLICABLE			
PRIMARY BUSINESS ACTIVITY*	Select		
WHETHER THE ESTABLISHMENT IS STARTUP*	🖲 Yes 🖲 No		
WHETHER THE ESTABLISHVENT IS MOME	🖲 Yes 🖱 No		
WSME NJWBER*		MSME DATE*	

11. License Details will be based on drop down menu list.



- The employer should enter the details of all the licenses available for the establishment at the time of application.
- When any available License type is not in the drop down list, he should select OTHERS, in which case the License Type should be entered in the REMARKS field mandatorily.
- In case a License is selected as Address Proof, the check box against the said License should be selected.
- At least one license is mandatory.

Note: Out of the all licenses declared, it is mandatory to upload one license proof document as digitally signed PDF. In case, license under Sales Tax Act has been declared as proof then submission of this document as digitally signed PDF is mandatory.

12. In case any License (Registration) is under the Cooperative Societies Act, then an additional field asking whether the establishment is working with aid of Power will appear. A Cooperative Society establishment working without aid of Power should have 50 employees for coverage under section 1(3) (a) or 1(3) (b) by virtue of <u>Section 16 (1)</u>.

	ew/online_coverage_form.php WHETHER THE ESTAE	LISHMENTIS	A FACTORY Ves									
			APPLICABLE 0001(3)(I	4								
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Sales Tax Act	t	× 1	23456789 0	L-01-2015	STO DELHI	DELHI]	
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WHET	OWNERSHIP TYPE*		YOU AR TO YOU REGISTRATION/ D 9876	E DECLARING T R ESTABLISHME INERSHIP DET	TAILS DATE OF REGI	STRATION NO.*	ISS			ED		

13. The employer has to mention the ESIC Code number if the establishment is already having such code number. Not mentioning the Code number will be treated as a



declaration that the establishment is not having such code number at the time of application.

- 14. Ownership type can be selected from the drop down menu. According to the selection, the proof of ownership type should also be entered. For the Government Departments a letter from the Head will serve as the ownership proof. In case Proprietorship Firm is selected, only one owner can be added. The name of the owner will be displayed automatically based on the employer registration done.
- 15. Under owner's details particulars of OWNER [Employer as per Section 2 (e)] and for the purpose of Form 5A should be entered. The Name of the Applicant Owner with Father's Name, Address, email-id, mobile number will be auto populated in the application from the employer registration details and will not be editable. In case Proprietorship Firm is selected as ownership type above, additional owner details cannot be added. The name of the owner should be exactly as per PAN in case the PAN furnished is in name of the owner. In case of other types of ownership, more than one owner's details can be entered. In such case Employer have to tick mark as **PRIMARY** that employer who is incharge of the PF Matters. The employer should also select the mobile number on which the SMS is to be received. The DIN number provided to a Director as per MCA is to be entered in case of registered companies.
- 16. In-case of Establishment is on lease, the details of **LESSEE** are mandatory. This is for the purpose of Form 5A.

				PARTICU	JLARS OF OWNERS				
NAME*		STATUS/ DESIG*	DATE OF BIRTH*	FATHER'S NAME	RESIDENTIAL ADDRESS*	MOBILE NO* & E-MAIL	DATE FROM WHICH IN POSITION*	Whether The Owner is Incharge of Business of Establishment*	
GENDER MALE V	MAN	AGER				M 8588866468			
KAVITA SHARMA	PAN	AQRPS5955M	01-10-1973	ONKAR NATH SHARM	A-703	E	01-11-2015	YES 💌	•
STATIA STANTA	DIN					harsh.kaushik2006@gmail.			
hall be affected using th	ne primar	y contact details. ber (only for Director	rs)	PARTIC	ULARS OF LESSEE	ber and Email. Login to the EC	R and other Ef	PFO portals and all oth	e <mark>r</mark> activities
lote: *The Mobile numL hall be affected using t DIN: Director Identificat	ne primar	y contact details. ber (only for Director	rs)		ULARS OF LESSEE	ber and Email. Login to the EC	R and other Ef	PFO portals and all oth	er activities
hall be affected using th	ne primar	y contact details. ber (only for Director	rs)	PARTICI	ULARS OF LESSEE	ber and Email. Login to the EC	R and other Ef	νFO portals and all oth	er activities
hall be affected using th	ne primar	y contact details. eer (only for Director WHETHER THE	rs) ESTABLISHMEN	PARTICI	ULARS OF LESSEE	ber and Email. Login to the EC	R and other Ef	PFO portals and all oth	er activities
hall be affected using th	ne primarj	y contact details. per (only for Director WHETHER THE NUMBER OF EMPI	rs) ESTABLISHMEN' ILOYEES (INCLUE	PARTICI TON LEASE O Yes ® EMPL	ULARS OF LESSEE		R and other Ef	PFO portals and all oth	er activities



17. Employment Details: The employer should give the details of the number of employees (including the employees in its branches) as on date of application, number of excluded employees out of the total and the date on which the number exceeded 19. (In case of a Cinema Theatre, exceeded 4 or in case of a Cooperative Society, working without aid of power, exceeded 49). In case of voluntary coverage, the date of agreement and any subsequent date for coverage mentioned in the Agreement should be entered and the scanned copy of the agreement (in PDF format) is to be uploaded.

+ → C 🗋 olr	e.epf	oservices.in/olrenew/online_coverage_form.php		QC	Ξ
		EMPLOYEE DETAILS			1
	Α.	NUMBER OF EMPLOYEES (INCLUDING EXCLUDED EMPLOYEES) AS ON DATE OF APPLICATION*	21]	
	В.	NUMBER OF EXCLUDED EMPLOYEES	10		
	c.	DATE ON WHICH THE EMPLOYMENT STRENGTH EXCEED* 19	01-01-2015		
Whether the establishme	nt is hav	BANK DETAILS			
Whether the establishme	ntis hav				
		ng the Bank details 💿 No 🔘 Yes			
		ng the Bank details No Yes BRANCH/ DIVISION DETAILS ng a single Unit or has several Units (Branches) A single Unit Save Preview	w window. Please ensure that pop ups	are not blocked by your	

18. Bank Details: Bank Account Detail is made optional. If the employer does not want to give bank details he may select 'No' as shown above. If he wants to furnish the bank details, he shall select yes and enter the details.

IFSC CODE* BANK NAME* BANK NAME* ACCOUNT NUMBER* ACCOUNT NUMBER* ACCOUNT TYPE* ADD				EMPLOYEE DET.	AILS					
C. DATE ON WHICH THE EMPLOYMENT STRENGTH EXCEED* 19 01-01-2015 BAIK DETAILS her the establishment is having the Bank details O No ® Yes IFSC CODE* BANK NAME* O BRANCH NAME* ACCOUNT NUMBER* ACCOUNT TYPE* ADD	1	A. r	UMBER OF EMPLOYEES (INCLUDIN	NG EXCLUDED EMPLOYEES) AS ON D	ATE OF APPLICATION*	21				
BAIIK DETAILS The establishment is having the Bank details No Yes IFSC CODE* BANK NAME* ACCOUNT NUMBER* ACCOUNT TYPE* ADD	1	B. M	NUMBER OF EXCLUDED EMPLOYEES 10							
her the establishment is having the Bank details ON Ves	(c. (
	stablishment is h	having	athe Bank details ◯ No ● Ye							
-Selact ·		havin		95	ACCOUNT NUMBER*	ACCOUNT	TYPE*	MARK AS ADDRESS PROOF		

There is option to add more than one bank account. While making the entry, the IFSC should be entered correctly as given in the cheque leaf, the bank name and branch will be auto displayed. In case of non-IFSC Bank, the data should be entered.

Note: A scanned copy of cheque of one of the bank accounts declared, is required to be uploaded as a digitally signed PDF document.

19. Branch Details: This part should be filled if the establishment has branches (units). The number of employees in the branches as on date of application should be mentioned.

SAVING THE PARTIALLY FILLED APPLICATION

The employer has the option to save a partially filled form after filling the Name & address of the establishment and selection of the Option whether the Act applies or the application is for voluntary coverage.

hment Registration Wit 🗙 🏨	10.50.3.1	179 / localhost / e	× +											-	٥
10.50.3.179/olre/olrenew/appl	ication_	view.php			୯ 🛞	٩	Search	☆	ê 🛡	+	Â	4	S 🖋	- 🖸	e
(A stat	utory b	ody under Minist	ry of Labour and	d Organisa	ernment of India)				E			ER E	-SEV	VA	
A HOME 📷 DIGITAL	CERTIFI	CATE 🤼 PRO	FILE 📈 APP	LY FOR CODE	SETTING 🛉	LOGO	but		ЕМР				S: VERI	1ED	
			📑 Fill		RM		99 L								
	S.No	Application No.	PAN 📂 REV	VIEW APPLICATION	FORM		Upload Documents	View D	ocument	ts					
	1	1764535133	AAQC	Review A	Application Form	ed	Already uploaded documents	1							H
	2	1554400995	AAQC 🚽 PD			ed	Already uploaded documents								H
	3	9540515504		VNLOAD SPECIMEN		ed	Already uploaded documents	-		-					H
	4	1772482724		PLICATION SUBMIT		ed	Already uploaded documents	-		-					H
	5	3014359424	AAQCS7168I	R	N)-	Already uploaded documents			-					L
	6	2667938963	AAQCS7168Z	8	Already Final submi	tted	Already uploaded documents								L
	7	1136651179	AAQCS7168I	8	8		Already uploaded documents								L
	8	1170080374	AAQCS7168I	8	8		Already uploaded documents	1							H
	9	2280271994	AAQCS7168I	8	8		Already uploaded documents	-		8					H
	10	2112886016	AAQPS7168I	8	8		in								
			4		8			-		-					

An application number will be generated, which should be noted by him. The partially filled application can be reopened by selecting the "Review Application Form" from the "Apply for Code" main menu option which are available in the screen when employer is logged in. The application number will remain the same whenever the partial form is saved and reopened



after some more entries and saved again. However after 30 days of the generation of the application number the data will lapse if the application is not submitted.

SUBMISSION OF THE APPLICATION FORM

20. On completion of entering all details in the respective items, the applicant has to click the Preview Button. All validations will take place and the errors if any, will be prompted one by one. If the validation is successful, a preview page will open as shown below, where employer can check the details. (Please ensure that the POP up blocker is not on).

(3) 10.50.3.179/olre	/olrenew/preview.php?pan_no=AQRP55955M&ref_id=1062983244	**
	APPLICATION FOR ALLOTMENT OF CODE NUMBER FOR COMPLIANCE UNDER THE EPF & MP ACT 1952 (APPLICATION NUMBER 1062983244)	
	(APPELATION ROBELY TU225022++)	
	PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT : AORPS5955M	
	ACT APPLIES TO MY ESTABLISHMENT : THE EPF & MP ACT 1952 APPLIES TO MY ESTABLISHMENT	
	SECTION APPLICABLE : 0001(3)(b)	
	NAME OF THE ESTABLISHMENT : XYZ LIMITED	
	ADDRESS: A-703 SECTOR 23 DWARKA	
	CITY: NEW DELHI	
	State: DELHI District: SOUTH WEST	
	PINI / AREA: 110075 Office Name: DELHINORTH REGIONAL OFFICE	
	28, Community Centre, Wazirpur Industrial Area, 110052	
	ro, delhi.north@epifula.govin REGIONAL OFFICE	
	REGIONEUPFICE	
	COUNTRY: INDIA	
	PINCODE : 110075	
	PHONE NO: 05122216827 FAX NO: 0512227464	
	E-MAIL ID : harsh.kaushik2006@gmail.com	
	WEB ADDRESS OF THE ESTABLISHMENT : www.epfindia.govin	
	1. copy of post paid telephone bill of any company	
	2. copy of power connection in the name of the establishment PROOF OF ADDRESS: 3. copy of water connection in the name of the establishment	
	4 any license/certificate/number issued by any Govt authority	



179/olre/olrenew/preview.php?pan_no							*
Note: The Mobile number an primary contact.	d Email provided against the Primary Row	shall be used as Primary mobile nu	mber and Email. Login to the	system, all other activiti	es shall be affected using the		
		PARTICULARS OF LEA	ASEE			- 1	
Whether the Establishment	on Lease: No					- 1	
		EMPLOYEE DETAIL	.s				
NUMBER	OF EMPLOYEES AS ON DATE OF APPLI	CATION 21				- 8	
2010 - 10 C	OF EXCLUDED EMPLOYEES	:10				- 8	
DATE ON	WHICH the EMPLOYMENT STRENGTH	CROSSED 19 201	5-11-01			- 8	
		BANK DETAILS				- 1	
IF S CODE	BANK NAME	BRANCH NAME	ACCOUNT NUMBER	ACCOUNT TYPE	MARKED AS ADDRESS PROOF	- 1	
SBIN0000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT	NO	- 8	
Whether the establishment	is having a single Unit or has several Un		1				
		Close print					

21. It is advised that the application is printed before submission using the print button provided in the preview form and the data entered is verified against the actual documents to avoid any error. Editing is permitted only till the application is submitted. On confirming the contents are correct in the preview, select SAVE button.

			EMPLOYEE DETAILS							
	Α.	NUMBER OF EMPLOYEES (INCLUDIN APPLICATION*	G EXCLUDED EMPLOYEES) AS ON DATE OF	21						
	В.	NUMBER OF EXCLUDED EMPLOYEES	S	10						
	C.	DATE ON WHICH THE EMPLOYMENT	STRENGTH EXCEED* 19	2015-11-01						
			BANK DETAILS							
IFSC CODE*		BANK NAME* 🕐	BRANCH NAME*	ACCOUNT NUMBER*	,	ACCOUN		E*		
SBIN0000107		STATE BANK OF INDIA	KANPUR MAIN	12345678902	SA	VINGS A	CCOUN	TV		
+(Add Row)										
	t is havi	ng a single Unit or has several Units (Bran	BRANCH/ DIVISION DETAILS							
	t is havi	ng a single Unit or has several Units (Bran	ches) A single Unit Several Units Save Preview	ns up in a new window. Please ensure the	it pop ups an	e not blo	cked by	y your	brows	er.
	t is havi	ng a single Unit or has several Units (Bran	ches) A single Unit Several Units Save Preview	is up in a new window. Please ensure that	it pop ups are	e not blo	cked by	y your	brows	er.

UPLOAD OF RELEVANT DOCUMENTS SIGNED WITH DSC

22. On selecting the SAVE button, the UPLOAD DOCUMENTS page opens as given below. In case you have selected the SAVE button, for partial save of the form, you may reopen



the same from the "Review Application Form" in the "Apply for Code" main menu option in the Home page.

HOME	ROFLE	APPLY FOR CODE	FORM EA	1/2A 💽 SETTING	🔒 LOGOUT	
		You have success	fully saved	your application	form.	
			UPLOAD D	OCUMENTS		Back
	You at	re uploading documents to	r Application (No 1002303244 and	Pan -AQRPSSSSM	
		SCANNED COPY OF PAN	Browse	No file selected.	Ð	
		FROOF OF ADDRESS.	Browse	No file selected.	Ð	
		OATE OF SETUP!	Browso	No file selected.	D	
		UCENSES!	Browsen	No file selected.	Ð	
		SPECIMEN SIGNATURE FILE	Browse	No file selected.	Ø	
			UPLCIAD	9		

If the employer does not want to give bank details and selected 'No' the screen will appear as shown above. If he wants to furnish the bank details, and selected yes, the screen will be as follows.

HOME	DOTAL CERTIFICATE		APPLY FOR CODE	📕 FORM SA	124	SETTING	😭 LOGOUT	
			You have success	fully saved	your a	pplication t	form.	
				UPLOAD	DOCUME	NTS		Back
		You at	e uploading documents fo	r Application	No 1062	163244 and P	an -AQRP30955M	
			SCANNED COPY OF PAN	Browse	No file s	elected.	Ð	
			PROOF OF ADDRESS	Browse	No file s	elected.	D	
			DATE OF SETUP	Browse	No file s	elected.	Ø	
			UCENSES	Browse	No file a	elected.	Ð	
			CHEQUE SCANNED MAGE	Browse	No file s	elected.	Ð	
			SPECIMEN SIGNATURE FILE	Browse	No file s	elected.	Ð	
				UPLCAD	0			

- 23. Select the Browse button for relevant documents to upload, which are already kept ready duly authorized with the Registered Digital Signature (DSC). Refer the document on How to digitally sign a PDF document, provided separately.
- 24. On selecting the digitally signed documents select UPLOAD button. The Digital Signature on the PDF documents will be verified with the Registered DSC of the Applicant Owner.



 € 𝔅 10.50.3.* 	79/olre/olrenew/upload_document.php?parentId=NTEyNDY=&msg	=WW91IGhhdmUgc3Vj¥2V	zc2Z1bGx5IHNhc	ImVkiH ⊽ C ⁴ Q, Si	earch		☆自	Ø	∔ n̂	9	* •
۲	Employees' Provident Fu (A statutory body under Ministry of Labour a	••••••••••••••••••••••••••••••••••••••					E	MPLO	DYER	E-SE	NA M
🔬 номе	📑 DIGITAL CERTIFICATE 🛛 🌺 PROFILE 🚃 A	PPLY FOR CODE	👢 FORM 5A	/ 2A 🧕 SETTING	懀 LOGO	рит					
	Yo	u have successfu	Illy saved	your application	form.						
			UPLOAD D	OCUMENTS						Back	
	You are uploa	ding documents for	Application N	lo 1062983244 and	Pan -AQRPS	5955M					
	SCAI	NED COPY OF PAN *	Browse	GPF Advance_sign_l	by_tkv.pdf 🖸) 🥑 Signature Ve	rified				
	P	ROOF OF ADDRESS.*	Browse	tk_sign.pdf	0	Signature Verified					
		DATE OF SETUP:*	Browse	tk_sign.pdf	0 🤇	Signature Verified					
		LICENSES:*	Browse	GPF Advance_sign_	by_tkv.pdf 🖸) 🕜 Signature Ve	rified				
	CHEQU	IE SCANNED IMAGE:*	Browse	GPF Advance_sign_l	by_tkv.pdf 🖸) 🧭 Signature Ve	rified				
	SPECIN	IEN SIGNATURE FILE*	Browse	GPF Advance_sign_	by_tkv.pdf 🖸) 🥝 Signature Ve	rified				
			UPLOAD								

25. The list of Uploaded documents are shown.

HOME	📑 DIGITAL CERTIFICATE – 🦓 PROFILE 📈 APPLY FOR CODE 🚽 FORM 5	a / 2a 🔯 SETTING 👍 LOGOUT	WELCOME: KAVITAKAUS
	You have successfully u		
	LIST OF UPLOADED		Back
	You have uploaded documents for Application	n No 1062983244 and Pan -AQRP\$5955M	
Total U	pload Documents :5	-22	2
S.No.	Documents Name	File Name	Uploaded Date
1	PAN	AQRPS5955M_pan.pdf	2015-11-12 17:03:19
2	Date of Setup	AQRPS5955M_dosetup.pdf	2015-11-12 17:03:19
	Bank	AQRPS5955M_cheque_scan1.pdf	2015-11-12 17:03:19
3			
4	Proof of Address	AQRPS5955M_address1.pdf	2015-11-12 17:03:19

The message, You have successfully uploaded documents, appears on the screen.

26. Now, select the check box for, '*I agree that the above uploaded documents are verified at our end*' and press the Submit button, as given below.



HOME	📑 DIGITAL CERTIFICATE 🛛 🌺 PROFILE 🛛 😹 APPLY FOR C	ODE 👃 FORM 5A / 2A 🤬	SETTING 懀 LOGOUT	
	You have	e successfully uploaded do	ocuments.	
		ST OF UPLOADED DOCUMENT	S	Back
	You have uploaded docum	nents for Application No 106298	3244 and Pan -AQRPS5955M	
Total L	Jpload Documents :5			
S.No.	Documents Name		File Name	Uploaded Date
1	PAN		AQRPS5955M_pan.pdf	2015-11-12 17:03:19
2	Date of Setup		AQRPS5955M_dosetup.pdf	2015-11-12 17:03:19
3	Bank		AQRPS5955M_cheque_scan1.pdf	2015-11-12 17:03:19
	Proof of Address		AQRPS5955M address1.pdf	2015-11-12 17:03:19
4	1 Tool of Address			

The Final Review of application shown as below,

🔄 🕏 10.50.3.179/olre/olrenew/application_final_submit.php?parentid=NTEyNDY=&uef_id=MTA2Mjk4Mzl0NA==&pan_no=QVFSUFN 🔻 🛛 🤇 Search	☆自		÷	î (9 🔸	
🄏 HOME 📑 DIGITAL CERTIFICATE 🎄 PROFILE 🙀 APPLY FOR CODE 🚽 FORM 5A / 2A 💀 SETTING 🍲 LOGOUT		WELC	COME:	KAVIT	AKAUS	нік
Final Review of your application. Please complete the form below.						
APPLICATION FOR ALLOTMENT OF CODE NUMBER FOR COMPLIANCE UNDER THE EPF & MP ACT 1952						- 8
(APPLICATION NUMBER 1062983244)						- 8
PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT : AQRPS5966M ACT APPLIES TO MY ESTABLISHMENT : THE EPF & MP ACT 1952 APPLIES TO MY ESTABLSIHMENT SECTION APPLICABLE : 0001(3)(b) NAME OF THE ESTABLISHMENT : XYZ LIMITED ADDRESS : A-703 SECTOR 23 DWARKA CITY : NEW DELHI State : DELHI District : SOUTH WEST PIN / AREA : 110075 Office Name : DELHI NORTH REGIONAL OFFICE 28, Community Centre, Wazirpur Industrial Area, 110052 rd delhi north@aprindia govin REGIONAL OFFICE						
						- 8
COUNTRY : INDIA						- 1
PINCODE : 110075						- 1
PHONE NO: 05122216827 FAX NO: 0512227464						- 8
E-MAIL ID : harsh.kaushik2006@gmail.com						- 11
WEB ADDRESS OF THE ESTABLISHMENT : www.epfindia.gov.in						- 1
 copy of post paid telephone bill of any company copy of power connection in the name of the establishment 						



DAT		2. copy of po F ADDRESS : 3. copy of w	st paid telephone bill of any company wer connection in the name of the establishm ater connection in the name of the establishm le/certificate/number issued by any Goxt. auth	ent	
		DOCUMENTARY PR	OOF OF DATE OF SET UP		
DOCUMENT NAME		REFERENCE NUMBER	DATE OF ISSUES OF DOCUMENT	ISSUED BY, P	PLACE
Copy of the first Sales Invo	ice	987654321	2015-02-15	STO DEL	н
	PRIMARY BUSINES	A FACTORY : No S ACTIVITY : BREAD	Y VARIOUS AUTHORITIES		
ТҮРЕ	NUMBER	S ACTIVITY : BREAD LICENSES ISSUED B DATE	Y VARIOUS AUTHORITIES ISSUED BY	ISSUED AT PLACE	REMARK
TYPE Sales Tax Act		S ACTIVITY : BREAD		ISSUED AT PLACE DELHI	REMARK
	NUMBER 123456789	S ACTIVITY : BREAD LICENSES ISSUED B DATE 2015-01-01 E ESIC ACT : No	ISSUED BY		REMARK
Sales Tax Act	NUMBER 123456789	S ACTIVITY : BREAD LICENSES ISSUED B DATE 2015-01-01 E ESIC ACT : No	ISSUED BY STO DELHI R'S DETAILS	DELHI	REMARK SUED BY,AT
Sales Tax Act	NUMBER 123456789 S COVERED UNDER TH	S ACTIVITY : BREAD LICENSES ISSUED B DATE 2015-01-01 E ESIC ACT : No	ISSUED BY STO DELHI R'S DETAILS	DELHI	

				PAI	RTICULARS OF OV	VNERS					
SL NO	NAME	STATUS/ DESIG	DATE OF BIRTH	FATHER'S NAME	RESIDENTIAL ADDRESS	MOBILE NO	E-M	IAIL	DATE FROM WHICH IN POSITION	Primary	Incharge
1	GENDER MALE KAVITA SHARMA	MANAGER PAN AQRPS5955M DIN	1973-10-01	ONKAR NATH SHARMA	A-703	8588866468	harsh.kaushik2	006@gmail.com	2015-11-01	YES	YES
Whe	ther the Establish	ment on Lease : No		PA	RTICULARS OF LI	EASEE					
Whe					EMPLOYEE DETA	ILS				T	
Whe	NU	IBER OF EMPLOYEES A			EMPLOYEE DETAI	ILS				_	
Whe		IBER OF EMPLOYEES A	PLOYEES	F APPLICATION	EMPLOYEE DETAI : 21 : 10	ILS					
Whe		IBER OF EMPLOYEES A	PLOYEES	F APPLICATION	EMPLOYEE DETAI : 21 : 10 9 : 20	ILS 15-11-01				-	
Whe		IBER OF EMPLOYEES A	PLOYEES	F APPLICATION	EMPLOYEE DETAI : 21 : 10	ILS 15-11-01				_	
Whe		IBER OF EMPLOYEES A	PLOYEES	F APPLICATION	EMPLOYEE DETAI : 21 : 10 9 : 20	ILS 15-11-01	INT NUMBER	ACCOUNT TYP		D AS ADD PROOF	DRESS



re/olrenew/application_fir	nal_submit.php?parentId=NTEyMTM=	=8tref_id=MTEzNjY 🛛 C 🧕 🛞	Q Search		Ó C	+	^	7,	e -	Ø	Ø
		BANK DETAILS						1			
IFS CODE	BANK NAME	BRANCH NAME	ACCOUNT NUMBER	ACCOUNT TYPE	MARKE	D AS ADDF		OOF		18	
110069	STATE BANK OF INDIA	LAXMINAGAR	3202136589	ACCOUNT		YES				- 8	
Whether the establishmen	t is having a single Unit or has several Ur	YBS [mage] 🔶 Please type the	characters shown in the ima								
	THAT THE INFORMATION FURNISHED A ESULT IN ACTION AGAINST ME AS PER T	SMS shall be sent to the Owners. DECLARATION: BOVE IS TRUE TO THE BEST OF MY I		ed as primary in the STAND THAT FURNI	section 'P	Particulars c	of				
	Agree to the above Declaration										

27. If the employer is satisfied that the entered data is correct, he should enter the CAPTCHA code and click the get PIN button.

The PIN will be sent on the mobile number of the Applicant Owner.

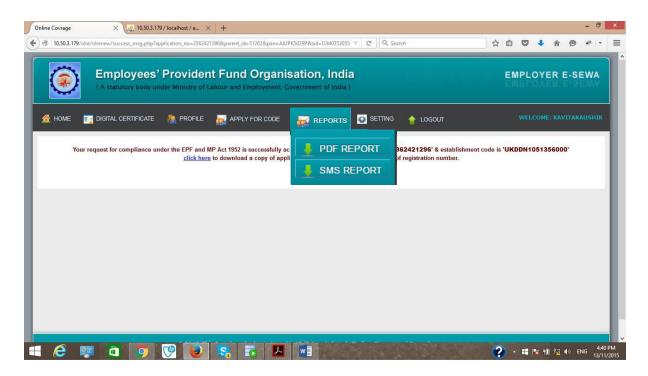
- 28. Tick the declaration regarding the correctness of the data and enter the PIN received on his mobile number and select 'Submit' button.
- 29. The following confirmation message on the EPFO field office details according to the address entered and documentary proof selected will be listed. Select OK.

SBIN0000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS	NO	
				Account		
	Dear Employer,				^	
Whether the establsihmen	on which post PAN verification, the establis	nent You have entered the following State shment will be under the jurisdiction of F	Regional/Sub Regional Office: R	EGIONAL		
	OFFICE 28, Community Centre, Wazirg also.	pur Industrial Area, 110052≺br≻ro.delhi.n	orth@epfindia.gov.in as was dis	played in the application	on	
	For the given address you have menti inspection and selection of the wrong addr	ioned that you have the following address ress proof will be deemed to be a wrong	s proof and the same will be ver declaration.	ified at the time of	1.00	
	- copy of post paid telephone bill of a	A A A			1.88	
	- copy of power connection in the nar				verify y	your mobile
	 copy of water connection in the name any license/certificate/number issue 				1.85	
	Please note that post allotment of the	code number the Office under which you	I have to comply will not change		J.	
I, HEREBY DECLARE						WRONG
				OK Cano	el	
Enter Authorizatio	 PIN received on your mobile & email an 	of proce the	Note: F	lease ensure that po	o ups are not blog	ckad by
Enter Autorizatio	Submit button to finally subm		Submit your br		o upa are not biot	chou by

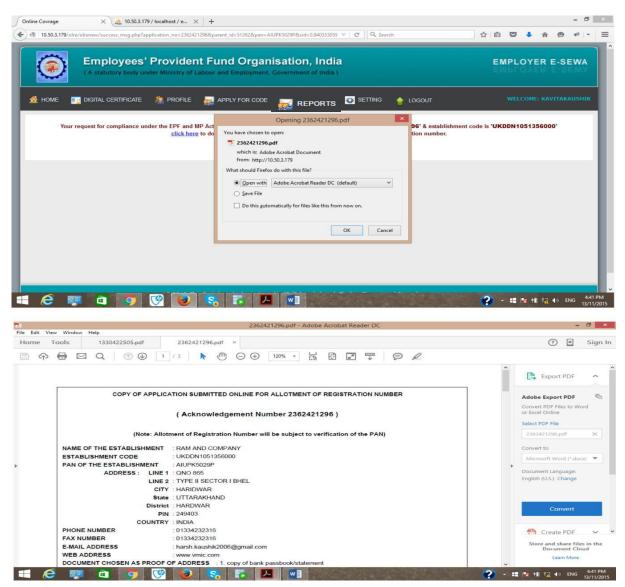


BRANCH DETAILS Whether the establishment is having a single Unit or has several Units (Branches) : single Unit Application is being registered using State: DELHI, District: SOUTH WEST and Pin: and PiN: 110075, under Office: REGIONAL OFFICE Community Centre, Wazingur Industrial Area, 110052-to-rzo.delhi.noth@epfindia.govin. Please press OK to confirm again and proceed further. Prevent this page from creating additional dialogs	
Application is being registered using State: DELHI, District: SOUTH WEST and Pin: and PIN: 110075, under Office: REGIONAL OFFICE-tbr-28, Community Centre, Wazingur Industrial Area, 110052-tbr-ro.delhi.north@epfindia.govin. Please press OK to confirm again and proceed further.	
Community Centre, Wazirpur Industrial Area, 110052 ro.delhi.north@epfindia.govin. Please press OK to confirm again and proceed further.	
Prevent this page from creating additional dialogs	
OK Cancel verify you	our mobile
DECLARATION:	
I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY V INFORMATION MAY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS.	WRONG
☑ I Agree to the above Declaration	
Enter Authorization PIN received on your mobile & email and press the Submit button to finally submit the form: 2166 1364 Submit your browser.	ced by

30. Then click on OK, the application will be submitted with message on successful submission. A PDF file will be made available for download for future reference.







POST SUBMISSION ACTIVITIES

- No Document has to be submitted physically by the owner to the PF office.
- The user-id and password will be intimated to the applicant owner through SMS to his mobile number and registered email-id. It is also available under the **Reports** function of Employer Login.
- The PDF Report is also available under the **Reports** function of Employer Login for further downloading of Application PDF and Code Allotment PDF.
- He can login to ECR portal using the temporary login name and password received as above through URL http://www.epfindia.gov.in/site_en/Online_ECR.php and create his permanent user-id and password of his choice for starting remittance thorough ECR upload.



Note: A separate ECR login is provided, so that the Owner need not himself be involved for the remittance and can get it delegated to any authorised person to do the routine activities.

PAN Error:

If the employer had made an error in correctly entering the PAN or the name, he should again follow the process to apply.

Note: In case any wrong document / data was uploaded / entered in the application, the applicant owner will be responsible for the same and action will be taken as per the provisions of the Act.

The applicant owner as well as other owners declared in the owners' details will be responsible for any default under the Act / Schemes.



CHECK LIST

After going through the instructions, please ensure that the following documents are ready for data entry. Then filling of the form will ensure that no data is missed or wrongly entered and you do not have to save a half filled application:

		UPLOAD Document as
Tick	Requirements	Digitally Signed PDF
	Scanned image of PAN for upload	PAN card Image
	All the address proof(s) of the establishment as	One address proof
	mentioned in the Instruction Sheet	
	The date of set up and the proof for such date	Setup Proof Document
	The factory license number, date, issued by and date of	
	trial production (only for factory)	
	The details of the Manager(s) with their personal	
	details (only for factory).	
	The activity in which the establishment is engaged is	
	identified from the list.	
	All license in name of establishment and their details.	One License Proof**
	In case the establishment is already covered under the	
	ESIC, the ESIC Code	
	The ownership details with proof	
	Details of the Owners(s)	
	If the establishment is already on lease, the start date	
	and the details of the lessee(s)	
	The employment details as on application date,	
	number of excluded employees and the date on which	
	the number of employees crossed 19 (or 5 or 49 as	
	applicable)	
	Scanned image of cheque(s) of the bank account (s) for	One Cheque out of all
	upload	bank accounts declared.
	The list of branches of the establishments at different	
	locations with their address and number of employees	
	Scanned copy of Consent letter of the majority of	Copy of Consent Letter
	employees with their details and signatures. (Only in	
	case of voluntary coverage)	
	Date of agreement and any subsequent date	
	mentioned in the said agreement for voluntary	
	coverage. (Only in case of voluntary coverage)	
	Specimen Signature of Authorised Signatory	In the format Provided

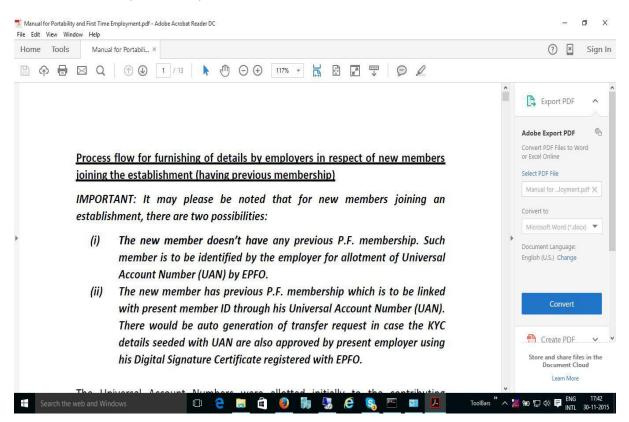
** In case License under Sales Tax Act is selected, it is mandatory.

Once the application is submitted, no editing will be permitted.



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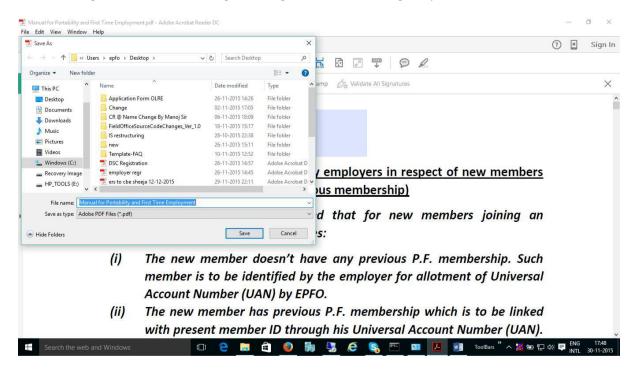
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Steps for Installing Java

If Java is not installed then following screen may appear -

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Or it may appear as follows -

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	© 2015. This Portal can be best viewed in 1E (7.0 and above)	Firefox, Chrome and Opera browser	a.



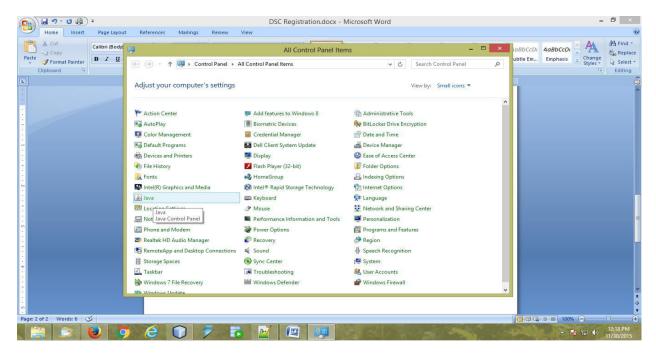
Download and install Java from <u>https://www.java.com/en/download/.</u> Restart the browser after installing the Java.

Steps for Unblocking Java Application

Java Application Blocked

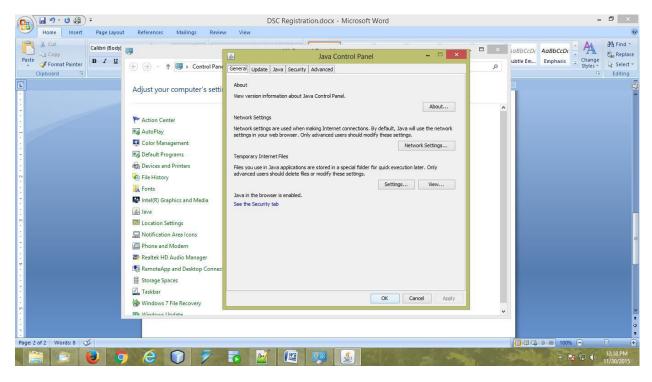
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Open Control Panel -> Java





Java Control Panel



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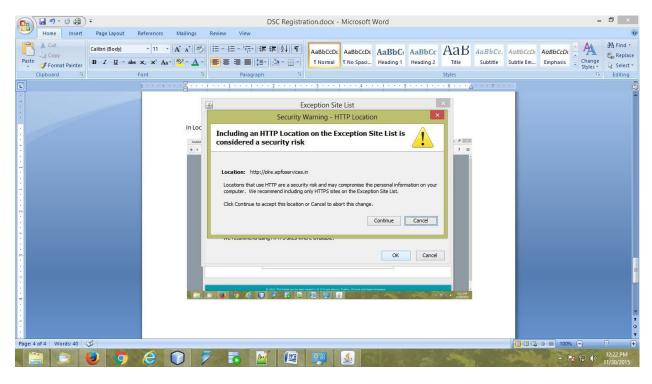
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Restart the browser after updating the Java settings.



Steps for Updating Java

If Java version is not updated then the following screen may appear -

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A HOME 📷 DIGITAL CERTIFICATE 🌼 PROF	Java Update Needed	WELCOME: NOMEASDEV
	 Your Java version is out of date. Update (recommended) Get the latest security update from java.com. Block Block Java content from running in this browser session. Later Continue and you will be reminded to update again later. 	EMPLOYER PAN SATAUS: VERIFIED Instructions To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required
	Do not ask again until the next update is available.	 To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button.
	SUBMIT	 The following details of your Digital Signature certificate will be validated - Validity. Root signing authority should be CCA india, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.

Click on Update for updating the Java to latest version. Restart the browser after updating the Java.
