

EMPLOYEES PROVIDENT FUND ORGANISATION
Bhavishyanidhi Bhawan,
No. 3-4-763, Barkatpura Chaman,, Hyderabad
----, ANDHRA PRADESH, 500405
PHONE : 040-27555602 FAX : 040-27561977

COVERAGE CONFIRMATION

No : AP/HYD/0081615/000/001

Handwritten: 10/10/2013/1363

03/10/2013

To,

T.SRINIVASULU CONTRACTOR,
H.NO.1-3-1/18, KAVADIGUDA,
HYDERABAD
HYDERABAD, ANDHRA PRADESH, 500080

SUB : Applicability of the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 and the Schemes framed there under and allotment of code number..

Ref: APHYD0310132997 dated: __/__/__

Sir,

As your establishment, M/s T.SRINIVASULU CONTRACTOR, is falling under the Schedule Head viz., EXPERT SERVICES(CODE: 552), and has employed 20 persons also and it fulfils requirements for application of the Act. Accordingly the establishment is liable to implement the provisions of the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 and Schemes framed there under, viz., Employees' Provident Fund Scheme, 1952, Employees' Pension Scheme 1995 and Employees' Deposit Linked Insurance Scheme, 1976 under section 1(3)(b) of the Act w.e.f 20/09/2013. The statutory rate of Provident Fund contribution applicable to it i.e. @ 12% of salary/wages which consists Basic wages, DA(including cash value of food concession), retaining allowances, if any.

2. The establishment is invariably allotted code Number viz., APHYD/0081615/000 which is required to be quoted in all remittances, returns and correspondence with this office.

3. You are required to comply with the provisions of the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 and Schemes framed there under in r/o all types of employees viz. regular, casual, daily rated, piece rated, part-times etc employed directly or through contractor.

4. The payments of PF contributions & allied dues shall be made within 15 days of each proceeding month.

5. However, for any clarification, a booklet containing instructions is enclosed herewith.

Encl: as above.

Yours faithfully,

Handwritten signature
ASSISTANT P.F.COMMISSIONER(COMPLIANCE)

Copy to

- Handwritten:* S. Galrajah
1. Distt. Office _____ for watching compliance and to guide the employer about the compliance and furnish the inspection report alongwith recommendation of finalisation of date of coverage within 3 months from the date of issue of this letter and ownership return in
 2. Damages Section
 3. Accounts Section
 4. E.D.P. Cell
 5. Deputy Director, ESIC _____

ASSISTANT P.F.COMMISSIONER(COMPLIANCE)