



PROVIDENT FUND CODE NUMBER INTIMATION LETTER

Validity of this letter is of three wage months from date of issue. Based on remittance, inspection and submission of all documents, certificate of coverage will be made available in ECR Login.

No: 3126011071DLSHD

Date: 27-01-2015

To,
Mr. SANJEEV BHADANA
DIRECTOR
ROCKWELL SECURITAS MANAGEMENT PRIVATE LIMITED
FF-101,150 BBC COMPLEX KILOKARI,
NEW DELHI, SOUTH
DELHI - 110014

Sub: Allotment of Code Number to establishment M/s ROCKWELL SECURITAS MANAGEMENT PRIVATE LIMITED under Employees' Provident Fund and Miscellaneous Provisions Act, 1952-regarding.

Sir,

Based on the information submitted online by you, your establishment is registered with Employees' Provident Fund Organisation with the following code number :

Code Number : DSSHD1070099

This code number is allotted based on the following declarations by you:

1. Name of Establishment : ROCKWELL SECURITAS MANAGEMENT PRIVATE LIMITED
2. PAN of establishment : AAHCR1488H
3. Date on which employment strength crossed 19 : 05-01-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : EXPERT SERVICES
6. Ownership Type : PRIVATE LIMITED COMPANIES
7. The address proof of the establishment is **1. any license/certificate/number issued by any Govt. authority**
8. The proof of date of set up 24-12-2014 is **Commencement of business by the Registrar of Companies.**
9. As at the time of application, your establishment is having the following licenses and registrations:

S.No.	TYPE	NUMBER	DATE	ISSUED BY	ISSUED AT PLACE
a	Shops and Establishments Act	2005004465	23-01-2015	LABOUR DEPARTMENT	DELHI

10. As on date of your application, your establishment is registered with ESIC with code number 20001205300001018.

Please take a print-out of this Intimation letter and Form 5A generated along with and submit a copy of the same together with the application form generated with the acknowledgement at the time of online submission, copies of all documents declared in the application form and attested specimen signature of the employer/authorized officer of your establishment, to the following Office of EPFO where all services related to your establishment shall ordinarily be attended to.

SUB REGIONAL OFFICE

LAXMINAGAR

DSIIDC Facility Centre Building, Flatted Factory Complex, 2nd & 3rd Floor, Jhilmil Industrial Area, (Behind Dilshad Garden Metro Station) 110095

sro.laxminagar@epfindia.gov.in

Please note that This intimation letter is generated with the Owners' Details in Form 5A and the intimated letter will be valid only if the Form 5A is enclosed.

Important information: