



Form-5

THE EMPLOYEES' PROVIDENT FUNDS SHEME,1952 (Paragraph 36(2) (a) & EMPLOYEES PENSION SCHEME,1995 (Paragraph 20(2))

Return of Employees' qualifying for membership during the month of20

Name and Address of the Establishment.....Code No. of Establishment.....

Sl. No.	Account No.	Name of employee (in block letters)	Father's name or Husband's name (incase of married women)	Date of Birth	Sex	Date of joining the Fund	Total period of previous service as on date of joining the fund (Enclose Scheme certificate if applicable)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Date

Signature of the employer or other authorized Officer
Of the Establishment & Stamp of the Establishment