



**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: 1245021875DLNHP

Date: 23-09-2015

To,

Mr. AHSAN KHAN  
PROPRIETOR  
AHSAN KHAN  
D-1150, 3RD FLOOR, JAIPUR EXTN,, PART-2, BADARPUR,  
NEW DELHI, SOUTH  
DELHI - 110044

Sub: Allotment of Code Number to establishment M/s AHSAN KHAN 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 : DSNHP1377933**

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

1. Name of Establishment : AHSAN KHAN
2. PAN of establishment : AWZPK7761R
3. Date on which employment strength crossed 19 : 01-09-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : ENGINEERS - ENGG CONTRACTORS
6. Ownership Type : PROPRIETARY FIRMS
7. The address proof of the establishment is **1. copy of power connection in the name of the establishment**  
**2. any license/certificate/number issued by any Govt. authority**
8. The proof of date of set up 26-09-2014 is **Copy of the first assessment by the Sales Tax Authorities.**
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	Sales Tax Act	07156937652	26-09-2014	DEPARTMENT OF TRADE AND TAXES	OFFICE ADDRESS

10. As on date of your application, your establishment is registered with ESIC with code number 20001215760000999.

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.

**REGIONAL OFFICE**  
**DELHI SOUTH**  
**EPFO Complex, Plot No. 23 Sector-23,Dwarka, 110075**  
**ro.delhi.south@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:**

Application Number : 1245021875  
Code Number : DSNHP1377933