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Telegram
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**OFFICE OF THE
Regional Provident Fund Commissioner**

2740-B Goinana Road,
Bathinda. (Punjab)

No./PB/BTL...

/Ent. 11

Dated...

To

M/s...

Sub.: **Applicability of the Employees' Provident Funds & Miscellaneous Provisions Act, 1952 and the Schemes framed thereunder to**

M/s...

Sir,

On the basis of particulars furnished by you on and on the basis of the inspection of the records of your establishment conducted by the Provident Fund Inspector on it is evident that :-

(a) Your establishment/factory viz. M/s. is engaged in which is included in schedule classes of establishments in Employees' Provident Funds and Miscellaneous Provisions Act, 1952.

(b) That the said establishment persons on or before 1952.

(c) That it has completed the infancy period in terms of provisions of Sec 16(i) (3) (a) or 16 (i) (3) (b) of the Employees Provident Funds & Miscellaneous Provisions Act, 1952 of 3/5 years on or before therefore, the provisions of the E.P.F. and Misc. Provisions, Act, 1952 and the Schemes framed thereunder are applicable to your above named establishment together with head office and its branches/departments whether situated at the same place or at different places w.e.f. subject to further verification of your records for the earlier period. You will have to deposit P.F. dues and other deposits from the back date if the estt. found coverable from the back data subsequently.

With reference to your application N dated received for extension of E.P.F. & Misc. Provisions Act, 1952 under Section-I(4) of the said Act, a voluntary basis a code No. is hereby allotted to your establishment namely provisionally covering your establishment with effect from pending issue of a notification by the C.P.F.C. in exercise of the powers conferred on them by sub-section (4) of section 1 of the E.P.F. & Misc. Provisions Act, 1952.

The Code No. PB/ BTL. is allotted to your estt. for the purpose of making compliance with the various provisions of the E.P.F. & Misc. Provisions Act, 1952 and the Schemes framed thereunder namely E.P.F. Schemes, 1952 employees Pension Scheme, 1995 and Deposit Linked Insurance Scheme, 1976. This Code No. should invariably be quoted in all the correspondence with it.

The deposit in the above accounts, viz. 1,2,10,21 and 22 are to be made in one challan and triplicate copies of the challan as received from the Bank, should be forwarded to this office duly attached with from No. 12-A (Revised) (explained below) :-

You are required to maintain/forward the following returns :

- | | |
|--|---|
| (i) Form No. 9 Revised under the | These are to be submitted to this office once in respect E.P.F. Scheme, 1952 of those employees who are required or entitled to become members on the date the factory/ establishment is covered under the Scheme. |
| (ii) Form No.2 under the E.P.F. Scheme, 1952 and also under the P. Scheme, 1955. | These are to be obtained from every member for submission to this office. |
| (iii) Form No.5-A | This is to be submitted to this office in duplicate. Any Subsequent change in ownership is also to be notified to this office through this form. |
| (iv) Form No. 3-A | This is to be maintained at the factory/ establishment in respect of every employee who is a member in which the contribution to the P.F. are to be posted every month. |
| paid (v) Form No. 6-A | This is the annual return of contribution on and is to be submitted to this office within 30 days of the close of the financial year, along with form 3-A (Last contribution to be shown for February, payable in March each year) |
| (vi) Form No. 12-A | This is the monthly return of contribution and is to be submitted to this office by 25th of every following month. Triplicate copies of the challans in support of the made in the State Bank of India should be attached with this. |
| (vii) Form Nos. 5&10 | These are the returns of employees how have become new members or have left the service in the month and are to be submitted to this office by the 15th of the following month, irrespective of whether the particulars are "NIL" or any month. |
| (viii) Form No. 11 | To be obtained from all the member at the time of their appointment |

All the forms prescribed under the Employees Provident Funds Schemes, 1952, the Employees Pension Scheme, 1955 and the Deposit Linked Insurance Scheme 1976 are available in the P.F. Office and will be supplied free of cost on receipt of your indent. The specimen of forms are enclosed Regarding Family Pension Fund Contributions, it should be separated from the Employees Provident Fund Contributions and shown separately in the respective Form and remitted separately in Account No. 10. From the month of..... and onwards.....

As regards E.P.F. and E.D.L.I. dues for the period from and onwards the arrears should be remitted on or before.....

In case the employees shown in Form 9 were the members of the establishment's private Provident Fund at the commencement of the Scheme, the accumulations in the Provident Fund standing to their credit should be remitted into the State Bank of India to the credit of the E.P.F. Account No. 1 through the prescribed challan and the triplicate copy of the challan sent to this office. All the amounts relating to the Provident Fund accumulation lying invested in security should be transferred to the E.P.F. within four months by having the securities transferred to an endorsed in favour of the Central Board of Trustees, Employees Provident Funds and the Securities thus transferred should be sent to this office. A Booklet containing the instructions in the matter of transfer to these accumulations is enclosed.

The contribution payable by the employer shall be at the rate of 10%/12% of basic wages, dearness allowance (including cash value of any food concession) and retaining allowance if any payable to each employee every month. The contribution payable by the employer shall be equal to the contribution payable by the employee. (Prior to 22nd Sept, 1997 the rate of contribution may be taken as 8.33%/10%.

- I The contribution shall be calculated on the basis of the basic wages, dearness allowance etc. payable during the whole month whether paid on daily, weekly fortnightly or monthly basis.
- II. Each contribution shall be calculated to the nearest rupee i.e. 50 paise or more to be counted as the next higher rupee, and fraction of a rupee less than 50 paise to be ignored.
- III For the purpose of calculation of contribution, the wages may be rounded off to the nearest rupee i.e. 50 paise or more being taken as one rupee and less than 50 paise to be ignored.

Before paying the member his wages, you shall deduct the employee's contribution from his wages which together with your own contribution and administrative charges shall be paid within 15 days of the close of every month in the Accounts of the Fund maintained by the State Bank of India by separate challans in the following manner :-

(a) E.P.F Contribution	To be deposited in E.P.F. A/c. 1.
(b) Administrative charges	To be deposited in E.P.F. A/c. 2.
(c) Employees Pension Cants.	To be deposited in Employee's Pension Fund A/c.

No.10

- Notes : (i) The rate of administrative charges Rs. 1.10% subject to a minimum of Rs. 5 w.e.f. 1st August 1998 of pay, basic wages, dearness allowance including cash value of any food concession and retaining allowance, if any.
- (ii) It may be noted that if timely deductions are not made from the member's wages, the employer will have to pay both the shares himself, as the recovery of arrear contributions for the back period from the subsequent wages of the employee is prohibited except when such recovery could not be made at the appropriate time due to accidental mistake or clerical error.

Besides making deposits in account numbers 1, 2 and 10 as explained above, you are also required to deposit contributions and Adm. Charges in Account Nos. 21 and 22 under the Employees Deposit Linked Insurance Scheme, 1976, in the manner indicated below within 15 days of the close of each month.

- | | |
|---|---|
| (1) Deposit Linked Insurance Fund A/c. No. 21 | To this account will be deposited the contributions @ 0.5% of the aggregate of the basic wages, dearness allowance including cash value of food concession and retaining allowance if any, payable to the employees by employer. |
| (2) Regional Insurance Fund Administrative A/c.No. 22 | To this account will be deposited the administration charges @ 0.01% w.e.f. 1-10.87 (Subject to a minimum of Rs. 2/- P.M. w.e.f. 1-2.89) which will be the aggregate of the basic wages, dearness allowance (including the cash value of food concession and retaining allowance, if any, payable to the employees by an employer). |

20

Cash in hand in relation to the Accounts of the private Provident Fund should be remitted within 30 days from the date of receipt of the Communication, failing which damages at the prescribed rates will have to be paid by you on the delayed remittances made in cash after the due date.

The receipt of this letter along with its enclosures may kindly be acknowledged.

Yours faithfully,

Regional Provident Fund Commissioner.

Encls. Booklet containing :-

1. Instructions regarding implementation of the Employees' Provident Fund Scheme, Employees Pension Scheme, and Employees' Deposit Linked Insurance Scheme.
2. Instructions regarding allotment of Account Nos.
3. Instructions regarding transfer of previous Provident Fund Accumulations and transfer of securities.
4. Ready Reckoner for calculation of Provident Fund Contribution, Pension contributions and deposit Linked Insurance Contribution.
5. Form 5A (in triplicate)

Copy to :

1. The Provident Fund Inspector, Shri/Smt.
for watching compliance. He/She is requested to obtain form 5-A in duplicate in respect of the establishment immediately.
2. Accounts Branch.....Sub Regional Offices.....
(it is understood that this factory/establishment has/have no previous Provident Fund accumulation to transfer to E.P.F. This may please be noted in the Contribution Register maintained in the Group with suitable remarks)
3. Damages Section.....
4. Inspection Branch.....
5.

Regional Provident Fund Commissioner

निगम हिन्दी पत्राचार का स्वागत करता है।

क्षेत्रीय कार्यालय
कर्मचारी राज्य बीमा निगम
सैक्टर 19-ए, चण्डीगढ़

21

संख्या :

सेवा में

मैसर्स

दिनांक :

विषय: कर्मचारी राज्य बीमा योजना, 1948 का लागू किया जाना - कर्मचारी राज्य बीमा अधिनियम, 1948 (यथा संशोधित) की धारा 2 (12)/1(5) के अन्तर्गत कारखाने/स्थापना का पंजीकरण (रजिस्ट्रेशन)

प्रिय महोदय,

मुझे आपको सूचित करना है कि कर्मचारी राज्य बीमा अधिनियम की धारा 1(3)/1(5) के अन्तर्गत केन्द्रीय सरकार अधिसूचना संख्या _____ दिनांक _____ द्वारा अधिनियम में यह व्यवस्था को गड़ है कि यह अधिनियम _____ क्षेत्र में स्थित उन सभी कारखानों पर लागू होगा जो इस अधिनियम के अन्तर्गत आते हैं।

2. मुझे आपको यह भी सूचित करना है कि केन्द्रीय सरकार ने कर्मचारी राज्य बीमा अधिनियम की धारा 1(5) के अन्तर्गत जारी अधिसूचना संख्या _____ दिनांक _____ द्वारा अधिनियम में यह व्यवस्था को गड़ है कि यह अधिनियम _____ से अन्य स्थापनाओं पर भी इस अधिनियम के उपबन्ध लागू कर दिए हैं।

3. अधिनियम की धारा 2-ए के अन्तर्गत इस प्रकार के कारखाने/स्थापना के निरीक्षण को इस अधिनियम के अन्तर्गत अपना पंजीकरण स्थगित करवाना होगा और उसके अध्याय 4 में मुख्य नियोजक को यह जिम्मेवारी सौंपी गई है कि वे यह सुनिश्चित करें कि जो कर्मचारी इस अधिनियम के अन्तर्गत आते हैं उनका अंशदान जमा करवाया जाए।

4. अपने कारखाने/स्थापना के सम्बन्ध में प्रस्तुत किए गए आपके व्यंगों के आधार पर बीमा निरीक्षक/प्रबन्धक स्थानीय कार्यालय द्वारा दिनांक _____ को आपके कारखाने/स्थापना के निरीक्षण सम्बन्धी प्राप्त रिपोर्ट के आधार पर आपका कारखाना/स्थापना दिनांक _____ से ~~अस्थायी~~ अस्थायी रूप से अधिनियम की धारा 2(12)/1(5) के अन्तर्गत आता है। तथापि इस मामले में यदि कोई ऐसा तथ्य सामने आता है कि आपका कारखाना/स्थापना उक्त विधि से पहले उक्त अधिनियम के अन्तर्गत आ जाना चाहिए था जो यह आपका दायित्व होगा कि आप अधिनियम के प्रावधानों की उसी विधि से अनुपालन करें।

5. आप से अनुरोध है कि अधिनियम के अन्तर्गत आपके कारखाने/स्थापना की व्याप्ति की विधि से अपने कर्मचारियों का पंजीकरण करवाने, शोषणापत्र भरवाने, अंशदान का भुगतान करने और रिक्वाइर तैयार करने के लिए यथा शीघ्र आवश्यक कारवाई करें।

6. सुविधा के लिए आपके कारखाना/स्थापना को _____ कोड नम्बर अलाट किया गया है। कृपया इस कार्यालय से किए जाने वाले पत्राचार और इस उद्देश्य के लिए निर्धारित सभी फार्मों में विनिर्दिष्ट स्थान पर इस कोड नम्बर का हवाला दें। निगम के स्थानीय कार्यालय _____ को निर्देश दे दिए गए हैं कि वे कर्मचारियों के पंजीकरण करने में आपको आवश्यक सहयोग दें। यदि आपको इस सम्बन्ध में कोई कठिनाई हो तो आप स्थानीय कार्यालय से आवश्यक सहयोग ले सकते हैं।

7. आप से अनुरोध है कि अपने कारखाने/स्थापना में बीमा चिकित्सा व्यवसायियों राज्य बीमा औपचारिक की सुविधा का व्यापक प्रचार करें ताकि आपके कर्मचारी अपनी इच्छा से राज्य बीमा औपचारिक/बीमा चिकित्सा व्यवसायी चुन सकें। कृपया आप अपेक्षित फार्म आदि उक्त स्थानीय कार्यालय से प्राप्त करें आपके कारखाने के सभी कर्मचारी इसी कार्यालय से जुड़ रहेंगे।

(22)

8. चैक को जिन शाखाओं को कर्मचारी राज्य बीमा अंशदान स्वीकार करने के लिए प्राधिकृत किया गया है उनकी सूची संलग्न है कृपया आप अपनी सुविधानुसार किसी एक शाखा को चुन कर उसकी सूचना इस कार्यालय और भारतीय स्टेट बैंक की संबंधित शाखा को ही दें और निगम से सम्बन्धित राशि भारतीय स्टेट बैंक की उगी शाखा में ही जमा करवाएं। यदि इस पत्र की प्राप्ति के 15 दिनों के भीतर कोई सूचना प्राप्त नहीं होती है तो उल्लिखित शाखाओं में से किसी भी एक शाखा जिसमें अंशदान जमा करवा लिया हो को आपके कारखाने/स्थापना को वांछित शाखा मान लिया जाएगा।

9. निगम के कर्मचारी राज्य बीमा अधिनियम, 1948 के अन्तर्गत इस कार्य में आपको कर रहे भव्य व आवश्यक सहयोग देने के लिए तैयार है और मुझे पूर्ण विश्वास है कि आप भी कर्मचारी राज्य बीमा अधिनियम व इसके विनियमों का शीघ्र व यथा समय पालन करेंगे।

10. आप से अनुरोध है कि आप संलग्न पत्रले भेजे गए 01 फार्म को भर कर अपने कारखाने/स्थापना से सम्बन्धित घोषणा-पत्र भेजें। आपका कारखाना/स्थापना जिस हदव्यक्त गन्धर्व में आता है उसका भी कृपया 01 फार्म पर उल्लेख करें।

11. आप से अनुरोध है कि आप अपने कारखाने/स्थापना का _____ से _____ तक की अवधि का होजरी/मजदूरी रजिस्टर, लैज़र केश बूक इत्यादि बीमा निरीक्षक _____ के सम्मुख पहले से तिथि व समय तय करके प्रस्तुत करें क्योंकि ऐसा करना कर्मचारी राज्य बीमा अधिनियम, 1948 की धारा 45 के अन्तर्गत कानूनी अनिवार्यता है और कर्मचारी राज्य बीमा अधिनियम का अनुपालन न करना एक ऐसा अपराध है जिसके लिए अधिनियम की धारा 86 के अन्तर्गत 4,000 रुपये तक जुर्माना और 1 वर्ष की कैद हो सकती है।

भवदीय

रमेश चन्द्र क्षेत्रीय निदेशक

अनुलग्नक : यथोपरि।

प्रतिनिधि :

- (1) श्री _____ बीमा निरीक्षक _____ को इस अनुरोध के साथ कि निश्चित अवधि में फैक्टरी का सर्वेक्षण निरीक्षण करें और व्यापक को अन्तिम तिथि का अनुमोदन करें।
- (2) प्रबन्धक स्थानीय कार्यालय _____ को आवश्यक कारवाई हेतु।
- (3) लैज़र अनुभाग/बीमा शाखा -1 क्षेत्रीय कार्यालय चण्डीगढ़ को आवश्यक कारवाई हेतु।
- (4) फैक्टरी के महानिरीक्षक _____ को कारवाई हेतु प्रेषित।
- (5) लेबर आयुक्त _____ को सूचनाार्थ।

कृते : क्षेत्रीय निदेशक