

Employees Provident Fund Scheme Form 5

[Paragraph 36(2)(a) of the Employees' Provident Funds Scheme, 1952 and
Para 20(4) of the Employees' Pension Scheme, 1995]

Return of Employees qualifying for membership of the Employees' Provident
Fund, Employees Pension Fund & Employees' Deposit Linked Insurance Fund
for the first time during the month of _____

(To be sent to the Commissioner with Form 2 (EPF & EPS))

Name and Address of the Factory/Establishment _____

Code No. of Factory/Establishment

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

Signature of the Employer or
other authorised officer of the
Factory/Establishment

Date

Stamp of the Factory/Establishment