



EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para

(1st RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10000366289.]

Code Number : UPVNS2088145000

1. Name of Establishment : BRACING INFRA DEVELOPERS PRIVATE LIMITED
2. Code Number of the Establishment under EPF Scheme : UPVNS2088145000
3. Postal address of the Establishment and its branches : H NO 262-1 SURBHI DIAGNOSTIC CENTER, BHAGWANPUR VARANASI NEAR B H U, VARANASI, VARANASI, UTTAR PRADESH - 221010 [Please see Annexure I]
4. Industry or business in which engaged : OTHERS
5. Date of commencement of business : 20/04/2020
6. Date of closure by previous : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. PRAVEEN KUMAR SINGH	20/02/1986	Director	PHOOLDEO SINGH	C/O PRAVEEN KUMAR SINGH SHEOPUR KUNDAL,SHEOPUR KUNDAL CHAITA EAST,CHAMPARAN,India a,Bihar,,845414,	20/04/2020
2	Mr. ANIL KUMAR SINGH	15/10/1986	Director	RAMNIRANJAN SINGH	C/O ANIL KUMAR SINGH TULASI PATTI KALYANPUR,EAST CHAMPARAN,KALYANPUR,India,Bihar,,845413,	20/04/2020

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. PRAVEEN KUMAR SINGH	20/02/1986	Director	PHOOLDEO SINGH	C/O PRAVEEN KUMAR SINGH SHEOPUR KUNDAL,SHEOPUR KUNDAL CHAITA EAST,CHAMPARAN,India,Bihar,,845414,	20/04/2020

Date: _____ Signature of employer _____
Name of Employer _____
Designation of Employer _____
Seal of Establishment _____ Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.
Signature of remaining employers:

Signature _____	Signature _____
Name _____	Name _____
Signature _____	Signature _____
Name _____	Name _____
Signature _____	Signature _____
Name _____	Name _____
Signature _____	Signature _____
Name _____	Name _____

ANNEXURE - I

Details of Branches of the Establishment

ANNEXURE - II

List of Branches having Separate/ Sub Code Number

SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : BRACING INFRA DEVELOPERS PRIVATE LIMITED

Address of the Establishment : H NO 262-1 SURBHI DIAGNOSTIC CENTER, BHAGWANPUR VARANASI NEAR B H U, VARANASI, VARANASI, UTTAR PRADESH - 221010

Code Number of the : UPVNS2088145000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____
2. _____
3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.