

EMPLOYEES PROVIDENT FUND ORGANISATION

F-117-118, Main Bazar,
Laxmi Nagar, New Delhi

---, DELHI, 110092

PHONE : 011-22455186 FAX : 011-22426580

COVERAGE CONFIRMATION

No : DS/SHD/0938767/000/0-1 / 13779

06/02/2012

To,

M/S TRINITY INFROCON (P) LTD
X-1913, GALI NO.10 RAJGARH COLONY
EXTN-II GANDHI NAGAR, DELHI-110031
EAST, DELHI, 110031

SUB : Applicability of the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 and the Schemes framed there under and allotment of code number.

Ref: DSSHD0302120358 dated: __/__/__

Sir,

As your establishment, M/s M/S TRINITY INFROCON (P) LTD is falling under the Schedule Head viz., BUILDING AND CONSTRUCTION INDUSTRY (CODE: 583), and has employed 20 persons also and it fulfils requirements for application of the Act. Accordingly the establishment is liable to implement the provisions of the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 and Schemes framed there under, viz., Employees' Provident Fund Scheme, 1952, Employees' Pension Scheme 1995 and Employees' Deposit Linked Insurance Scheme, 1976 under section 1(3)(b) of the Act w.e.f 12/12/2011. The statutory rate of Provident Fund contribution applicable to it i.e. @ 12% of salary/wages which consists Basic wages, DA (including cash value of food concession), retaining allowances, if any.

2. The establishment is invariably allotted code Number viz., DSSHD/0938767/000 which is required to be quoted in all remittances, returns and correspondence with this office.

3. You are required to comply with the provisions of the Employees' Provident Fund and Miscellaneous Provisions Act, 1952 and Schemes framed there under in r/o all types of employees viz. regular, casual, daily rated, piece rated, part-times etc employed directly or through contractor.

4. The payments of PF contributions & allied dues shall be made within 15 days of each proceeding month.

Encl: as above.

Yours faithfully,


ASSISTANT P.F.COMMISSIONER (COMPLIANCE)

Copy to

1. Distt. Office _____ for watching compliance and to guide the employer about the compliance and furnish the inspection report alongwith recommendation of finalisation of date of coverage within 3 months from the date of issue of this letter and ownership return in
2. Damages Section
3. Accounts Section
4. E.D.P. Cell
5. Deputy Director, ESIC _____

ASSISTANT P.F.COMMISSIONER (COMPLIANCE)