

INPUT DATA SHEET FOR THE ONLINE APPLICATION FOR THE P F CODE NUMBER

FOR VOLUNTARY COVERAGE

(Bank Account is not mandatory at the time of registration and can be furnished later at the time of payments)

PLEASE KEEP THE INSTRUCTION SHEET WHILE FILLING THE INPUT DATA SHEET

Sl. No.	Field Name	Fill it for Easy Online Entry	Ref No. Of Instruction Sheet
1	Name of the Establishment*		
2	PAN issued by the Income Tax Department*		
3	Act Applies to My Establishment*	Voluntary Coverage	
4	Address 1*		
	Address 2		
	State*		
	District*		
	PIN Area*		
	Phone No*		
	Fax No		
	E-mail id*		
	Web Address		
5	Proof Of Address*	(Unticked) (If Bank Passbook is selected as Address Proof then Bank Details has to be furnished.)	
		Bank Passbook/Statement	
		(ticked)	
		Post-paid telephone bill of any company	
		Power connection in the name of the Establishment	
		Water connection in the name of the Establishment	
		License/Certificate/ Number issued by any Govt. Agency	
6	Date of Set-Up*		
7	Documentary proof of date of Set Up*		
	Document Name*		
	Ref Number*		
	Date of Issue of Document*		
	Issued by and at Place*		
8	Business Activity		
	Whether the Establishment Is a Factory (Else leave blank) – Yes/No		
	a. Factory License Number#		
	b. Date of License#		
	c. Issued by Authority & Place#		
	d. Date of trial production#		
	Primary Business Activity		
	Whether the Establishment is Start Up (Else leave blank) – Yes/No		
	Certificate No.		
	Certificate date		
	Whether Annual Turn Over for any financial Year has Exceeded Rs. 25 Crores	Yes/No	

	Whether the Establishment is a MSME	Yes/No	
	Certificate		
	Certificate Date		
9	Licenses Issued By Various Authorities		
	Type*		
	Number*		
	Date*		
	Issued By*		
	Issued At Place*		
	Remarks		
	Mark as Proof*		
Please use add row for licenses			
10	Whether Establishment Is Covered Under the ESIC Act*	Yes/No	
	If Yes ESIC No.		
11	Whether LIN is allotted*	Yes/No	
	If Yes LIN		
12	Ownership Details		
	Ownership Type*		
	Registration/Deed No.*		
	Date of Registration No.*		
	Issued By At*		
	No of Owners		
	CIN		
13	Particulars of Owners		
	Name*		
	Status/Designation*		
	Date Of Birth*		
	Father's Name*		
	Residential Address*		
	Mobile No.* & e-mail		
	Date from Which In Position*		
	Whether The Owner Is In-charge Of Business Of Establishment*		
	Primary*		
Please use add row for licenses			
14	Particulars Of Lease		
	Whether The Establishment On Lease* (Else leave blank) – Yes/ No		
	Lease from*		
	Lease upto*		
	Details of Lessee		
	Gender#		
	Name#		
	Designation#		
	Date Of Birth#		
	Father's Name		
	Residential Address#		
	Mobile Number		
	E-mail Address		
	Date from Which in position		

15	Employee Details		
	A. Number Of Employees(Including Excluded Employees) As On Date Of Application*		
	B. Number Of Excluded Employees*		
	C. Date On Which The Employment Strength Exceed* 19		
16	Bank Details		
	IFSC Code		
	Bank Name		
	Branch Name		
	Account Number		
	Account Type		
	Mark As Address Proof		
17	Branch/ Division Details		
	Whether the Establishment is having a single Unit or has several Units(Branches)* if Yes (Else leave blank)		
	Name of Branch#		
	Address#		
	State#		
	District#		
	PIN#		
	Unit Type#		
	No of Employees#		
	Status#		
Please use add row for licenses			
18	Document Upload		
	PAN*		
	Proof Of Address*		
	Date Of Setup Of Establishment*		
	License*		
	Cheque	Only if Bank Passbook is selected as Address Proof then Cheque is to be Uploaded	
	Specimen Signature*		
	Consent letter*	Only in case of Voluntary Coverage	