# ONLINE REGISTRATION OF ESTABLISHMENT WITH DSC

Version: 2.0

### **USER MANUAL**

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IS DIVISION EMPLOYEES PROVIDENT FUND ORGANISATION Head Office, New Delhi

## **ONLINE REGISTRATION OF ESTABLISHMENTS**

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### **INSTRUCTIONS FOREMPLOYER REGISTRATION**

In the EPFO Official Website, <u>www.epfindia.gov.in</u>, select the 'For Employers', under 'Our Services' and then select the fourth item, 'Online Registration of Establishment (OLRE Portal)' this will open the Employer Registration Homepage.

In the Employer Registration Homepage, New user needs to select the Register option, to register the Employer. Already registered Employers can directly login with their credentials. This document explains the process of Employer registration. This should be followed by registration of DSC (Digital Signature Certificate) of the Employer which is a pre-requisite to submit a fresh OLRE application.

Employees' Provident Fund	d Organisation, India		EMP	LOYER	R E-SE	WA
( A statutory body under Ministry of Labour and E	Employment, Government of India )					
EMPLOYER REGISTRATION	N / LOGIN FOR ONLINE REGISTRAT	ION OF ESTABLI	ISHMENTS			
WELCOME EMPLOYERS		LOGIN				
Dear Employers !!		USER NAM	1E			
The Proprietorship Firms that have applied/or want to apply for PF code nur Owners details as per their full name (First name, middle names and last)	umber online, should enter the name of the Proprietor in the t name). In case they have chosen a different name to be					
printed on the PAN Card (other than complete name) then there is a chance database and name as per card. In case of rejection of application due to r	ce of rejection due to mismatch in the name as per PAN mismatch please mail scanned copy of PAN and the	PASSWOR	RD			
application submitted online to olre@eptindia.gov.in for guidance.		Sign In				
REGISTER	>>	Forget pa	secured 2			
		<u>Forgot pa</u>	ISSWOID ?			
Attention Dear Employers!		INSTRUCTIO	ONS			
Establishments that are already having a code number but wants a sepa	arate code number for a Branch Unit for the administrative	Content await	ted			
been received, they can apply using the 'Apply for Branch Code' link in the separate PF Code number)	te same portal. ( <u>instructions for Registration of Branch - for</u>	a				_

On selecting the Register Button, the following Screen will open. Enter the Details as required in the Form. The Items with Red Star are mandatory.

epfoserv	vices.in/olrenew/owner_registration_form.php	⊽ <b>C</b>	Q. Search	☆ 自 ♥ ♣ 俞	<b>⊜</b> ≉ •	=
	Employees' Provident Fu	Ind Organisation, India and Employment, Government of India )		EMPLOYER E-SI	EWA	
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		Employer Registration Form				
		* Marked Fields are Mandatory.				
		EMPLOYER'S DETAILS				
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	MIDDLE NAME		D			
	LAST NAME	SHARMA				
	GENDER*	FEMALE V				
	FATHER'S NAME *	ONKAR NATH SHARMA				
	DATE OF BIRTH *	01-10-1973				
	EMPLOYER PAN *	AQRPS5955M ① Your PAN will be verified against the name at the time of able to apply for a code number through this User Regi	f registration of your digital signatu stration.	ire and only on it being successful you will be		
	ADDRESS 1*	H-1369, KESHAVPURAM	D			
	ADDRESS 2	AWAS VIKAS 1, KALYANPUR	D			
	CITY*	KANPUR	D			
	STATE*	UTTAR PRADESH V District* KANPUR	NAGAR 🗸			
	COUNTRY	INDIA				

- First Name: Enter the First name (mandatory), Middle Name and Last Name. The name should be entered exactly as furnished to Income Tax Department. Even a slight variance with an extra space etc. will result in rejection as the data is verified online. The name as per Income Tax department may be verified in the following link. <a href="https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html">https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html</a>
- The Employer PAN: On entering the PAN of the Employer, a message stating Employer PAN Available will appear, which indicate the Employer is not already registered in this portal. PAN will be verified later with the name and online application will be permitted only on successful verification.
- 3. Username: You can select username of your choice. On entering the same the system will show a message that username is available or not. You may show the mouse pointer on the thumbnail (Question Mark Sign) next to the text box, to show the format / validations.

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			DECLARATION:						-		
		I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABO' IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF &	VE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UN MP ACT 1952 AND THE SCHEME PROVISIONS.	NDERSTAND THAT FURNISHING OF ANY WI	RONG INI	FORMATIO	n may f	RESUL	r		
		✓ I Agree to the above Declaration									
		Enter Authorization PIN received on your mobile	and press the Submit button to finally submit the form.:	6695 Submit							~

- 4. Select the Question Hint of your choice and enter your hint answer. This will help you later, at the time of forget password situations. With this the filling of Employer registration form is complete. Enter the Characters shown in the image (CAPTCHA) and Click the GET PIN button.
- 5. You will get a PIN on your mobile number. Enter the PIN in the box, select the check box for 'I Agree' and submit the application.
- 6. An e-mail link will also be sent simultaneously to the given email-id, which is to be activated to enable submission of Application for Online Registration of Establishment.



7. You have successfully completed the Employer registration and will get the following screen.

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# **INSTRUCTIONS FOR DSC REGISTRATION**

Once the Employer Registration is successfully completed and the username and password has been obtained, it is mandatory to register the DSC (Digital Signature) of the Employer. Let us see the step by step procedure of DSC registration in this document.

- 1. Open Employer Registration Home Page from the EPFO official Website.
- 2. Enter your username and password.

(A statutory body under Ministry of Labour and	Employment, Government of India )	EMPLOYER E-SEW
EMPLOYER REGISTRATIO	N / LOGIN FOR ONLINE REGISTRATION	OF ESTABLISHMENTS
WELCOME EMPLOYERS		LOGIN
Dear Employers !! The Proprietorship Firms that have applied/or want to apply for PF code n. Owners details as per their full name (First name, middle names and last printed on the PAN Card (other than complete name) then there is a chann database and name as per card. In case of rejection of application due to application submitted online to oire@epfindia.govin for guidance. REGISTER	mber online, should enter the name of the Proprietor in the name). In case they have chosen a different name to be to of rejection due to mismatch in the name as per PAN mismatch please mail scanned copy of PAN and the	USER NAME  kavitasharma PASSWORD 
Attention Dear Employers! Establishments that are already having a code number but wants a sep convenience shall first submit Form SA' using the <u>EFFO_E-Sewa notfal</u> been received, they can apply using the Apply for Branch Code' link in th separate FF Code number)	arate code number for a Branch Unit for the administrative login and get the PAN verified. After PAN verified" SMS has e same portal. (instructions for Registration of Branch - for a	INSTRUCTIONS Content awaited

3. In the page that is opened, select the Second Tab, DIGITAL CERTIFICATE.

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(A statutory body under Ministry of	nt Fund Organisation, India Labour and Employment, Government of India )	EMPLOYER E-SEWA
🔬 HOME 📑 DIGITAL CERTIFICATE 🙎 PROFILE	🔜 APPLY FOR CODE 🛛 🚽 PDF REPORT 🧕 SETTING 🍵 LOGOUT	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING
	EPFO E-Sewa Portal	
VIEW CE Register Certificate	Online Registration of Establishments.	
© 2015. Tř	nis Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers.	
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- 4. Select the option, REGISTER CERTIFICATE.
- 5. The System prompts for Details of Employer

e de lorre	e.epfoservices.in/	olrenew/employer_register_dsc. <sub>l</sub>	hp				Search	☆自て	•	Â	ø	*	≡
	۲	Employees' ( A statutory body une	<b>Providen</b> fer Ministry of L	It Fund Organ abour and Employment,	isation, Ind Government of Ind	dia <sup>ia )</sup>		EMPLOY	ER I	E-SE\	WA		^
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					NEXT								
			© 2015. Th	is Portal can be best viewer	d in IE (7.0 and abov	e), Firefox, Chrom	e and Opera browsers.						*

- 6. The Name of the Employer and the Mobile Number will be auto populated from the Employer registration data. The Name is editable and mobile number is non editable. In case the name entered in Digital Signature Certificate is different, please edit it as per the same. Now, select NEXT.
- 7. Select the Type of the Digital Certificate, as per your DSC available with you.

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🔬 номе	III DIGITAL CERTIFICATE	🌺 PROFILE	APPLY FOR CODE		🔉 SETTING	懀 LOGOUT	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDIN
			Register	Digital Signature C	ertificate		
		:	Select type of Digital S	Image: Constraint of the second se	e		Instructions           • To successfully upload Digital Signature Certificate (DSC), Java Rumtime Environment 1.7 or higher version is required           • To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button.           • The following details of your Digital
			SUBM	IIT			Signature certificate will be validated - Validity, Root signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.

8. On selecting the USB token the button, a pop-up will appear as shown below. Click on Run.

( A statutory body under Minist	Security Warning	EMPLOYER F.SEWA
	<section-header>         by any order or un this application?         Image: marcarangeplet.istablands         Image: marcarangeplet.istablands</section-header>	VELCOME: KAVITASHARHA OWNER PAN SATAUS: PENDING Istructions To successfully upload Digital Signature Certificate (DSC), Java Runkme Environment 1. Jor higher version is required To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button. The following details of your Digital Signature Certificate will be validated- yualidit, Rod signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.

9. Select Your USB TOKEN Certificate appears. Click on it to get the following DSC details popup. Ensure your DSC USB Token has been inserted in the USB port properly.

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	Select Your USB TOK	EN Certificate	The following Signature of Validity, Root CCA India, provided or exactly material inside DSC.	ig details of your Digital ertificate will be validated it signing authority should and Name that you have the previous page should ch with the name provided 5.	be d	

Pl. Note: The same Digital Signature once registered with any user, will not be permitted with any other user.

10. Select this Certificate, in the following screen.

Employees' (A statutory body und	Provident   der Ministry of Labo	Fund Organisation, India	EMPLOYER E-SEWA
A HOME TRADICITAL CERTIFICATE	🌺 PROFILE 🛔	Select your USB Token Digital Certificate	UT WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING
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		Select this certificate	<ul> <li>The following details of your Digital Signature certificate will be validated - Validity, Root signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.</li> </ul>

11. Enter your PIN details of the DSC and press OK.

(A statutory body u	inder Ministry of Labour and Employment, Governme	nt of India )	EMPLOYER E-SEWA
MOME 💽 DIGITAL CERTIFICATE	PROFILE APPLY FOR CODE PDF Windo anart Card ase enter your PIN. PIN Sele Click here for man Select your DSB TOKEN Certain	re Information OK Cancel ICate	UT WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING Instructions To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button. The following details of your Digital Signature certificate will be validated - Validy, Root signature authority should be
	SUBMIT		provided on the previous page should exactly match with the name provided inside DSC.

- 12. The message, Certificate selected successfully appears, click OK.
- 13. The View Digital Signature Screen appears, with the details of Active DSC registered with a Successfully Registered message.

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				V	/iew Digital Signat	ures				
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		Sr No		Employer Details		1	Date of Registration	Status		
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			© 2015. Tł	nis Portal can be best viewed	d in IE (7.0 and above),	, Firefox, Chrome	and Opera browsers.			

14. Now you are ready to go ahead with Apply for Code, by selecting the Fill Application Form Option.

Intereptoservices.in/olrenew/employer_home.php           Employees' Providen	୍ଟା ୯ାସ୍ ହେଇମନ t Fund Organisation, India	☆ 自 ♥ ♣ 合 ❷ ♥
A statutory body under Ministry of L	APPLY FOR CODE  PDF REPORT  SETTING  LOGOUT  PDF REPORT  FILL APPLICATION FORM  DOWNLOAD SPECIMEN SIGNATURE FILE  PDF REPORT  PDF REPORT PDF REP	WELCOME: KAVITASHARMA OWNER PAN SATAUS: VERIFTED
¢ 2015. Th	s Portal can be best viewed in 1E (7.0 and above), Firefox, Chrome and Opera browsers	s.

Please ensure that the user (employer) who has registered, has put in his PAN and his own DSC. The applicant Employer will be responsible for correctness in the application form and for authentication of documents.

# **INSTRUCTIONS FOR FILLING THE OLRE FORM**

BEFORE YOU FILL UP THE FORM FOR A PF CODE NUMBER, PLEASE GO THROUGH THESE INSTRUCTIONS.

ONCE YOUR APPLICATION IS SUBMITTED, YOU WILL NOT BE ABLE TO EDIT ANY DATA.

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	🚷 HOME 🛛 TIGITAL CERTIFICATE 🏦 PROFILE 😿 APPLY FOR C	DDE 👤 FORM 5A / 2A 🧔 SETTING 👍 LOGOUT	WELCOME: KAVIT/	KAUSHIK	^
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		* Marked Fields are Mandatory.			
		ESTABLISHMENT DETAILS			
	NAME OF THE ESTABLISHMENT AS PER PAN*	XYZ LIMITED			
	PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT*	AQRPS5955M 🗊			
	ACT APPLIES TO MY ESTABLISHMENT *	THE EPF AND MP ACT APPLIES TO MY ESTABLISHMENT			
	ADDRESS 1*	A-703 REGIONAL OFFICE 28. Community Centre, Wazirpur Industrial Area, 110052 ro.delhi.north@epfindia.gov.in	OFFICE NAME : DELHI NORTH D		
	ADDRESS 2	SECTOR 23 DWARKA	3		
	CITY *	NEW DELHI			
		STATE* DELHI V District* SOUTH WEST	~		
		PIN / AREA* 110075			
		COUNTRY : INDIA			
		PINCODE * 110075			
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1. The applicant should have a PAN in the name of the establishments/proprietor of the establishment for which he/she is applying.

Only in case of a Proprietorship firm, the PAN can be in the name of the **Proprietor.** In such case the name of the OWNER in the Owners' details should be exactly as per the PAN. In such case the same PAN as of the registered owner should be entered, as name of the proprietor will be auto populated in the Owner details.

 The name should be entered exactly as furnished to Income Tax Department. Even a slight variance with an extra space etc. will result in rejection as the data is verified online. The name as per Income Tax department may be verified in the following link.

https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html

3. Application should be made by the employer if the Act applies on its establishment. For this purpose you may refer to the <u>Section 1(3) (a) and 1 (3) (b)</u> of the EPF and MP Act 1952. The list of activities on which the Act applies should also be referred. The employer of an establishment on which the Act does not apply, can also apply for a code number on voluntary basis (PI refer Section 1(4) of the said Act, if the majority of the employees of the establishment give their written consent for coverage from the date on which it is agreed upon or any subsequent date in the agreement. The consent cannot be from a previous date.

The employer should select the appropriate option for the applicability.

- 4. Address: The employer should have documentary address proof for the address entered. Following address proofs are accepted:
  - ✓ Any license/certificate/number issued by any Govt. authority
  - ✓ Copy of water connection in the name of the Establishment
  - Copy of bank passbook/statement
  - ✓ Copy of postpaid telephone bill of any company
  - ✓ Copy of power connection in the name of the Establishment

The application will show the above address proof as auto selected except "Copy of bank passbook/statement". However the employer can de-select the ones that are not available with him/her.

In case it is de-selected it will be treated as a declaration of the employer that the de-selected address proof is not available for his/her establishment.

If the employer wants to produce "Copy of bank passbook/statement" as an address proof for the establishment, then he must select the option "Copy of bank passbook/statement".

### At least one address proof is mandatory.

# Note: Out of the address proofs declared, one address proof document should be uploaded as digitally signed PDF.

The address entered will be used to decide the jurisdiction of the PF office under which the establishment will fall.

If employer is selecting address proof as "copy of postpaid telephone bill of

company" than employer should mention the post-paid telephone no. in telephone no. column.



- 5. Date of set up: Date of setup will be the date when the establishment was started.
- Proof of date of setup: Proof of date of setup will be based on drop down menu list.
   The list is only indicative. In case the employer has some other proof of setup, he may select others, and enter the relevant details.

Note: Digitally signed PDF of document should be uploaded.

 IF THE ESTABLISHMENT IS A FACTORY Establishment, then employer have to provide FACTORY Details and MANAGER/OCCUPIER details in their respective fields, which will appear after selecting YES.

In case the employer is also the Manager/Occupiers of the factory, the name of the Owner may appear in both Manager/Occupier details as well as in the Owners' Details later in the application.

- 8. PRIMARY BUSINESS ACTIVITY will be selected based on drop down menu list. The list will appear based on selection of THE ESTABLISHMENT IS A FACTORY as Yes or No. In case of a Factory, the list of Schedule I Industries will appear in the drop-down, and in case of a Non-Factory Establishment, class of establishments notified will appear. It is advised that the employer should identify the activity before start filling of the form.
- 9. License Details will be based on drop down menu list.
  - The employer should enter the details of all the licenses available for the establishment at the time of application.

- When any available License type is not in the drop down list, he should select OTHERS, in which case the License Type should be entered in the REMARKS field mandatorily.
- In case a License is selected as Address Proof, the check box against the said License should be selected.
- At least one license is mandatory.

Note: Out of the all licenses declared, it is mandatory to upload one license proofdocument as digitally signed PDF. In case, license under Sales Tax Act has been declared as proof then submission of this document as digitally signed PDF is mandatory.

10. In case any License (Registration) is under the Cooperative Societies Act, then an additional field asking whether the establishment is working with aid of Power will appear. A Cooperative Society establishment working without aid of Power should have 50 employees for coverage under section 1(3) (a) or 1(3) (b) by virtue of <u>Section</u> 16 (1).

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11. The employer has to mention the ESIC Code number if the establishment is already having such code number. Not mentioning the Code number will be treated as a declaration that the establishment is not having such code number at the time of application.

- 12. Ownership type can be selected from the drop down menu. According to the selection, the proof of ownership type should also be entered. For the Government Departments a letter from the Head will serve as the ownership proof. In case Proprietorship Firm is selected, only one owner can be added. The name of the owner will be displayed automatically based on the employer registration done.
- 13. Under owner's details particulars of OWNER [Employer as per Section 2 (e)] and for the purpose of Form 5Ashould be entered. The Name of the Applicant Owner with Father's Name, Address, email-id, mobile number will be auto populated in the application from the employer registration details and will not be editable. In case Proprietorship Firm is selected as ownership type above, additional owner details cannot be added. The name of the owner should be exactly as per PAN in case the PAN furnished is in name of the owner. In case of other types of ownership, more than one owner's details can be entered. In such case Employer have to tick mark as PRIMARY that employer who is in-charge of the PF Matters. The employer should also select the mobile number on which the SMS is to be received. The DIN number provided to a Director as per MCA is to be entered in case of registered companies.
- 14. In-case of Establishment is on lease, the details of **LESSEE** are mandatory. This is for the purpose of Form 5A.

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1-4 *Th- ##-611	r and En	ail provided aga	inst the Owner	ticked as	s 'Primary' shall be u	sed as Primary mobile num	ber and Email. Log	in to the EC	R and othe	er EPF	O portal:	s and a	all oth	er acti	vities
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shall be affected using the	primary	contact details.													
Note: "The Mobile number shall be affected using the *DIN: Director Identification	primary n Numbe	contact details. r (only for Direct	ors)												
Note: "The Mobile number shall be affected using the *DIN: Director Identification	r and En primary n Numbe	contact details. r (only for Direct	ors)		PARTIC	ULARS OF LESSEE									
Note: "The Mobile number shall be affected using the "DIN: Director Identification	r and En primary n Numbe	contact details. er (only for Direct	o <b>rs)</b> E establishi	1ENT ON	PARTIC	ULARS OF LESSEE									
vote: The woolle number shall be affected using the *DIN: Director Identification	n Numbe	whether the whether the whether the whether the whether the	ors) E ESTABLISHN	1ENT ON	PARTIC	ULARS OF LESSEE									
vole: - The woolie number shall be affected using the *DIN: Director Identification	n Numbe	contact details. contact details. r (only for Direct	o <b>rs)</b> E ESTABLISHN	1ENT ON	PARTIC LEASE O Yes ® EMPI	ULARS OF LESSEE									
ndee: The woolie number shall be affected using the *DIN: Director Identification	A.	WHETHER TH NUMBER OF EM	DIS) E ESTABLISHM PLOYEES (INC	IENT ON	PARTIC	ULARS OF LESSEE ONO NO LOYEE DETAILS YEES) AS ON DATE OF		21							
ndee: The Wooled unimber shall be affected using the *DIN: Director Identification	A. B.	NUMBER OF EM APPLICATION <sup>®</sup> NUMBER OF EX	DIS) E ESTABLISHN PLOYEES (ING CLUDED EMPL	IENT ON	PARTIC	ULARS OF LESSEE ONO NO LOYEE DETAILS YEES) AS ON DATE OF		21							
vote: The woodle number shall be affected using the *DIN: Director Identification	A. B. C.	NUMBER OF EM APPLICATION <sup>®</sup> NUMBER OF EX APPLICATION <sup>®</sup> NUMBER OF EX DATE ON WHICH	DISTRICT OF CONTRACT OF CONTRACT.	IENT ON CLUDING OYEES 'MENT ST	PARTIC	ULARS OF LESSEE		21 10 01-11-201	5						

15. Employment Details: The employer should give the details of the number of employees (including the employees in its branches) as on date of application,

number of excluded employees out of the total and the date on which the number exceeded 19. (In case of a Cinema Theatre, exceeded 4 or in case of a Cooperative Society, working without aid of power, exceeded 49). In case of voluntary coverage, the date of agreement and any subsequent date for coverage mentioned in the Agreement should be entered and the scanned copy of the agreement (in PDF format) is to be uploaded.

	← → C	→ C     □ olre.epfoservices.in/olrenew/online_coverage_form.php     Q ☆ ≡											
Ι					EMPLOYEE DETAILS		*						
			А. В. С.	NUMBER OF EMPLOYEES (INCLUDING EXCLUDED E NUMBER OF EXCLUDED EMPLOYEES DATE ON WHICH THE EMPLOYMENT STRENGTH EX	MPLOYEES) AS ON DATE OF APPLICATION*	21 10 01-01-2015							
					BANK DETAILS								
	Whether the est	tablishment	is havi	ng the Bank details 🛛 🔍 No 🔍 Yes									
					BRANCH/ DIVISION DETAILS								
	Whether the est	tablishment	is havi	ng a single Unit or has several Units (Branches)	🖲 A single Unit 🔘 Several Units								
					Coup								
					Note: The preview opens up in browser.	a new window. Please ensure that pop ups are not blocked by your	•						
							•						

16. Bank Details: Bank Account Detail is made optional. If the employer does not want to give bank details he may select 'No' as shown above. If he wants to furnish the bank details, he shall select yes and enter the details.

	e.epf	o <mark>services.in</mark> /olrenew/online	e_coverage_form.php			Q 🕁	
			EMPLOYEE DETA	ILS			•
	A.	NUMBER OF EMPLOYEES (INCLUDING	3 EXCLUDED EMPLOYEES) AS ON DA	TE OF APPLICATION*	21		
	в.	NUMBER OF EXCLUDED EMPLOYEES	:		10		
	с.	DATE ON WHICH THE EMPLOYMENT	STRENGTH EXCEED* 19		01-01-2015		
Whether the establishment	is havi	ng the Bank details 🔍 No 🖲 Yes BANK NAME* 🖸	BANK DETAILS	ACCOUNT NUMBER*	ACCOUNT TYPE*	MARK AS ADDRESS	
	Г					PROOF	
+(Add Row)	is havi	ng a single Unit or has several Units (f	BRANCH/ DIVISION DE Branches)	TAILS veral Units	-Select-	PROOF	

There is option to add more than one bank account. While making the entry, the IFSC should be entered correctly as given in the cheque leaf, the bank name and branch will be auto displayed. In case of non-IFSC Bank, the data should be entered.

Note: A scanned copy of cheque of one of the bank accounts declared, is required to be uploaded as a digitally signed PDF document.

17. Branch Details: This part should be filled if the establishment has branches (units). The number of employees in the branches as on date of application should be mentioned.

### SAVING THE PARTIALLY FILLED APPLICATION

The employer has the option to save a partially filled form after filling the Name & address of the establishment and selection of the Option whether the Act applies or the application is for voluntary coverage.



An application number will be generated, which should be noted by him. The partially filled application can be reopened by selecting the "Review Application Form" from the "Apply for Code" main menu option which are available in the screen when employer is logged in. The application number will remain the same whenever the partial form is saved and reopened after some more entries and saved again. However after 30 days of the generation of the application number the data will lapse if the application is not submitted.

#### SUBMISSION OF THE APPLICATION FORM

18. On completion of entering all details in the respective items, the applicant has to click the Preview Button. All validations will take place and the errors if any, will be prompted one by one. If the validation is successful, a preview page will open as shown below, where employer can check the details. (Please ensure that the POP up blocker is not on).

c	•		F	Preview Online Coverage Form - M	lozilla Firefox			- 🗆 🗙
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	G/ 10.30.3.179/010	e/onenew/preview.prip/pan_n	0=AQRP33933MQRE_10=1002963244					
			APPLICATION FOR ALLOTME	NT OF CODE NUMBER FOR COMPL	IANCE UNDER THE EP	F & MP ACT 1952		Î
				(APPLICATION NUMBER 1062983	3244 )			
н								
		PAI	N NUMBER ISSUED BY INCOME TAX DEPAR	IMENT: AUKPS5955M		uT.		
ы			SECTION APPL	ICABLE : 0001(3)(b)	LEG TO MIT EGINDEON MEEN			
			NAME OF THE ESTABLIS	HMENT : XYZ LIMITED				
н			AD	DRESS: A-703 SECTOR 23 DWARKA				
ы				CITY: NEW DELHI				
н				State: DELHI District: SO	UTH WEST			
н				PIN / AREA : 110075 Office I REGIONAL OFFICE	Name: DELHINORTH			
				28, Community Centre, Wazirpu	ır Industrial Area, 110052			
ы				REGIONAL OFFICE				
			CC	NCODE + 110075				
			PI	NCODE: 110075 ONE NO: 05122216827 FAX NO: 0512	2227464			
			E-	MAIL ID : harsh.kaushik2006@gmail.con	n			
			WEB ADDRESS OF THE ESTABLIS	HMENT : www.epfindia.gov.in				
н				1. copy of post paid telephone	bill of any company			
ы			PROOF OF AD	<ol> <li>copy of power connection in DRESS: 3. copy of water connection in</li> </ol>	the name of the establishn the name of the establishm	nent		
U				4 any license/certificate/numb	er issued by any Govt auth	ority		~
Ŀ				STATE* DELHI	✓ DISTRICT <sup>*</sup>	SOUTH WEST 💌		
Ŀ				PIN / AREA 110075				
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d				Dention Online Courses From M	Annille Classes			- <b>D</b> X
			r	review Online Coverage Form - IV				
5	10.50.3.179/olre	e/olrenew/preview.php?pan_n	o=AQRPS5955M&ref_id=1062983244					* *
r		Note: The Mobile number a	nd Email provided against the Primary Row	r shall be used as Primary mobile numbe	er and Email. Login to the sy	ystem, all other activitie	es shall be affected using the	^
Ш		printing contact.						
Ш								
Ш				PARTICULARS OF LEASE	E			
П		Whether the Establishmen	ton Lease: No					
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п				EMPLOYEE DETAILS				
				0.7101				
		NUMBE	IN OF EMPLOYEES AS ON DATE OF APPLI TR OF EXCLUDED EMPLOYEES	CATION : 21				
		DATE O	N WHICH the EMPLOYMENT STRENGTH	CROSSED 19 : 2015-11	-01			
				BANK DETAILS				
		IFS CODE	BANK NAME	BRANCH NAME	ACCOUNT NUMBER	ACCOUNT TYPE	MARKED AS ADDRESS PROOF	
		SBIN0000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT	NO	
				BRANCH DETAILS				
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ľ				STATE* DELHI	✓ DISTRICT <sup>*</sup>	SOUTH WEST 🔽		

19. It is advised that the application is printed before submission using the print button provided in the preview form and the data entered is verified against the actual documents to avoid any error. Editing is permitted only till the application is

submitted. On confirming the contents are correct in the preview, select SAVE button.

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			EMPLOYEE DETAILS										
	Α.	NUMBER OF EMPLOYEES (INCLUDING EX APPLICATION*	CLUDED EMPLOYEES) AS ON DATE OF		21								
	в.	NUMBER OF EXCLUDED EMPLOYEES			10								
	c.	DATE ON WHICH THE EMPLOYMENT STRE	ENGTH EXCEED* 19		2015-11-01								
			BANK DETAILS										
IFSC CODE*		BANK NAME* 😰	BRANCH NAME*		ACCOUNT NUMBER*		A	ccour	NT TYP	PE*			
SBIN0000107		STATE BANK OF INDIA	KANPUR MAIN	[	12345678902		SAV	INGS A	(CCOUI	VT 🗸			
+(Add Row) Whether the establishment	is havin	ig a single Unit or has several Units (Branches)	BRANCH/ DIVISION DETAILS										
			Save Preview Note: The preview open:	s up in a	new window. Please ensure th	at pop u	ps are	not blo	cked t	by you	brows	er.	
		© 2015. This Portal can be b	est viewed in IE (7.0 and above), Firefox, C	hrome a	nd Opera browsers.								

### UPLOAD OF RELEVANT DOCUMENTS SIGNED WITH DSC

20. On selecting the SAVE button, the UPLOAD DOCUMENTS page opens as given below. In case you have selected the SAVE button, for partial save of the form, you may reopen the same from the "Review Application Form" in the "Apply for Code" main menu optionin the Home page.

HOME	ROFLE	APPLY FOR CODE	🛓 FORM EA	/24		🖕 LOGOUT	
		You have success	fully saved	your	application f	orm.	
			UPLOAD C	ocur	IENTS		Back
	You at	e uploading documents fo	Application	No 10	022003244 and Pr	In -AGRP\$5955M	
		SCANNED COPY OF PAN	Browse	No fi	le selected.	Ð	
		PROOF OF ADDRESS."	Browse	No fi	le selected.	Ø	
		OATE OF SETUP!	Browse	No fi	k selected.	D	
		UCENSES."	Втомже	No F	k selected.	D	
		SPECIMEN SIGNATURE FILE	Browse	No fi	e selected.	Ø	
				-			
			UPLCAL	2			

If the employer does not want to give bank details and selected 'No' the screen will appear as shown above. If he wants to furnish the bank details, and selected yes, the screen will be as follows.

HOME	👧 PROFILE	APPLY FOR CODE	📕 FORM 54	/ 2A 💽 SETTING	🛉 LOGOUT	
		You have success	fully saved	your application	form.	
			UPLOAD	OCUMENTS		Back
	You at	re uploading documents to	or Application	No 1062363244 and	Pan -AQRP30355M	
		SCANNED COPY OF PAN	Browse	No file selected.	Ð	
		PROOF OF ADDRESS	Browse	No file selected.	0	
		DATE OF SETUP	Browse	No file selected.	Ø	
		UCENSES.	Browse	No file selected.	0	
		CHEQUE SCANNED MAGE	Bionse	No file selected.	D	
		SPECIMEN SIGNATURE FILE	Browse	No file selected.	Ð	
			UPLCAD	>		

- 21. Select the Browse button for relevant documents to upload, which are already kept ready duly authorized with the Registered Digital Signature (DSC).Refer the document on How to digitally sign a PDF document, provided separately.
- 22. On selecting the digitally signed documents select UPLOAD button. The Digital Signature on the PDF documents will be verified with the Registered DSC of the Applicant Owner.

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(	۲	Employees' ( A statutory body un	Providen ader Ministry of L	I <b>t Fund Organis</b> abour and Employment, Go	sation, Indi	a		EMI	PLO	YER	E-SE	WA
+ 🏠	HOME	III DIGITAL CERTIFICATE	🌺 PROFILE	APPLY FOR CODE	📕 FORM 5A / 2A	🔯 SETTING	懀 logout					
				You have success	fully saved you	r application fo	orm.					
ſ					UPLOAD DOCU	MENTS					Back	¢
			You ar	e uploading documents fo	r Application No 1	062983244 and Par	n -AQRPS5955M					
				SCANNED COPY OF PAN	Browse GPF	Advance_sign_by_	tkv.pdf 😰 🔮 Signature Verifi	ed				
				PROOF OF ADDRESS:	Browse tk_s	ign.pdf	😰 🔮 Signature Verified					
				DATE OF SETUP:	Browse tk_s	ign.pdf	😰 🔮 Signature Verified					
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				SPECIMEN SIGNATURE FILE	Browse GPF	Advance_sign_by_	tkv.pdf 😰 🔮 Signature Verif	ed				
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23. The list of Uploaded documents are shown.

HOME	🕎 DIGITAL CERTIFICATE 🛛 🎄 PROFILE	APPLY FOR CODE	📕 FORM 5A / 2A 🛛 🙀	SETTING 懀 LOGOUT	
		You have succe	ssfully uploaded do	ocuments.	
		LIST OF U	PLOADED DOCUMENT	S	Back
	You ha	ve uploaded documents for	Application No 106298	3244 and Pan -AQRPS5955M	
Total L	Jpload Documents :5				
S.No.	Documents Name			File Name	Uploaded Date
1	PAN			AQRPS5955M_pan.pdf	2015-11-12 17:03:19
2	Date of Setup			AQRPS5955M_dosetup.pdf	2015-11-12 17:03:19
3	Bank			AQRPS5955M_cheque_scan1.pdf	2015-11-12 17:03:19
4	Proof of Address			AQRPS5955M_address1.pdf	2015-11-12 17:03:19
	-i			İ	

The message, You have successfully uploaded documents, appears on the screen.

24. Now, select the check box for, '*I agree that the above uploaded documents are verified at our end*' and press the Submit button, as given below.

IOME	📑 DIGITAL CERTIFICATE 🚆 PROFILE 🔜 APPLY FOR CODE 🚽 FO	RM 5A / 2A 🛛 🙀 SETTING 👌 LOGOUT	WELCOME: KAVITAKAL
	You have successful	y uploaded documents.	
	LIST OF UPLOAD	DED DOCUMENTS	Back
	You have uploaded documents for Applic	ation No 1062983244 and Pan -AQRPS5955M	
Total L	Jpload Documents :5		
S.No.	Documents Name	File Name	Uploaded Date
1	PAN	AQRPS5955M_pan.pdf	2015-11-12 17:03:19
2	Date of Setup	AQRPS5955M_dosetup.pdf	2015-11-12 17:03:19
3	Bank	AQRPS5955M_cheque_scan1.pdf	2015-11-12 17:03:19
	Broof of Address	AQRPS5955M address1.pdf	2015-11-12 17:03:19
4	Fibili di Addiess		

The Final Review of application shown as below,

📀 🛞   10.50.3.179/olre/olrenew/application_final_submit.php?parentld=NTEyNDY=&ref_id=MTA2Mjk4Mzl0NA==&pan_no=QVFSUFN 🛛   C ] 🔍 Search	☆自♥↓☆	⊜ ≁ - ≡
🙊 HOME 📑 DIGITAL CERTIFICATE 🤱 PROFILE 😹 APPLY FOR CODE 🞍 FORM 5A / 2A 🔯 SETTING 🖕 LOGOUT	WELCOME: KAVT	TAKAUSHIK
Final Review of your application. Please complete the form below.		
APPLICATION FOR ALLOTMENT OF CODE NUMBER FOR COMPLIANCE UNDER THE EPF & MP ACT 1952		1
(APPLICATION NUMBER 1062983244)		
PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT : AQRPS5955M		
ACT APPLIES TO MY ESTABLISHMENT : THE EPF & MP ACT 1952 APPLIES TO MY ESTABLSIMMENT		
SECTION APPLICABLE: 1001(3)(b)		
NAME OF THE ESTABLISHMENT : AT& LIMITED		
State : DELH District : SOUTH WEST		
PIN / AREA : 110075 Office Name : DELHI NORTH REGIONAL OFFICE 28, Community Centre, Wazirpur Industrial Area, 110052 ro delhi-notth@effindia.gov.in REGIONAL OFFICE		
COUNTRY : INDIA		
PINCODE : 110075		
PHONE NO: 05122216827 FAX NO: 0512227464		
E-MAIL ID : harsh.kaushik2006@gmail.com		
WEB ADDRESS OF THE ESTABLISHMENT : www.epfindia.gov.in		
1. copy of post paid telephone bill of any company 2. copy of power connection in the name of the establishment		



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SL NO	NAME	STATUS/ DE SIG	DATE OF BIRTH	FATHER'S NAME	RE SIDENTIAL ADDRESS	MOBILE NO	E	MAIL	DATE WHI POS	FROM CH IN ITION	Prima	ary Inc	harge
1	GENDER MALE KAVITA SHARMA	MANAGER PAN AQRPS5955M DIN	1973-10-01	ONKAR NATH SHARMA	A-703	8588866468	harsh.kaushik	k2006@gmail.con	n 2015	-11-01	YES	s Y	(ES
lote prima	The Mobile number ary contact.	and Email provided again	st the Primary	Row shall be used	d as Primary mobile nur	mber and Email. L	ogin to the sys	stem, all other act	ivities sha	ll be affe	cted usi	ing the	
				P	ARTICULARS OF LE	ASEE							
Nhe	ther the Establishn	ent on Lease: No											
					EMPLOYEE DETAI	ILS							
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					BANK DETAILS	•							
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25. If the employer is satisfied that the entered data is correct, he should enter the CAPTCHA code and click the get PIN button.

The PIN will be sent on the mobile number of the Applicant Owner.

- 26. Tick the declaration regarding the correctness of the data and enter the PIN received on his mobile number and select 'Submit' button.
- 27. The following confirmation message on the EPFO field office details according to the address entered and documentary proof selected will be listed. Select OK.

🗲 🛞   10.50.3.179/olre/olrenew/applica	tion_final_submit.php?parentId=NTEyNDY=&ref_id	=MTA2Mjk4MzI0NA==&pan_no=QVFSUFN 🔍	C <sup>e</sup> Q, Search		☆自	•	Â	9	<i>9</i> 9 -
SBIN0000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT	NO		ß		
Whether the establis	Dear Employer, In the address field of the Establish or Which post PAN verification, the estat OFFICE=tor-28, Community Centre, Waz also. For the given address you have me inspection and selection of the wrong ac – copy of post paid telephone bill o – copy of pover connection in the m – copy of water connection in the m – any license/certificate/number iss Please note that post allotment of the	iment You have entered the following State: DE lishment will be under the jurisdiction of Regi pur industrial Area, 110052-bhreo.delh.noth approximation of the state of the state of the state dress proof will be deemed to be a wrong dec f any company. ame of the establishment. ame of the establishment. sued by any Govt. authority.	LHI, District SOUTH WEST onal/Sub Regional Office. RE @epfindia.govin as was disp of and the same will be veril aration.	and PIN: 110075 base GIONAL Isayed in the application	d verify	your mol	bile		
I, HEREBY DEC				OK Cance		IY WRON	IG		
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28. Then click on OK, the application will be submitted with message on successful submission. A PDF file will be made available for download for future reference.

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### POST SUBMISSION ACTIVITIES

No Document has to be submitted physically by the owner to the PF office. The user-id and password will be intimated to the applicant owner in his owner login and also through SMS to his mobile number.

He can login to ECR portal and create his permanent user-id and password of his choice for starting remittance thorough ECR upload.

Note: A separate ECR login is provided so that the Owner need not himself the remittance and can get it delegated to any authorised person to do the routine activities.

#### **PAN Error:**

If the employer had made an error in correctly entering the PAN or the name, he should again follow the process to apply.

Note: In case any wrong document / data was uploaded / entered in the application, the applicant owner will be responsible for the same and action will be taken as per the provisions of the Act.

The applicant owner as well as other owners declared in the owners' details will be responsible for any default under the Act / Schemes.

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### CHECK LIST

After going through the instructions, please ensure that the following documents are ready for data entry. Then filling of the form will ensure that no data is missed or wrongly entered and you do not have to save a half filled application:

		UPLOAD Document as
Tick	Requirements	Digitally Signed PDF
	Scanned image of PAN for upload	PAN card Image
	All the address proof(s) of the establishment as	One address proof
	mentioned in the Instruction Sheet	
	The date of set up and the proof for such date	Setup Proof Document
	The factory license number, date, issued by and date of	
	trial production (only for factory)	
	The details of the Manager(s) with their personal	
	details (only for factory).	
	The activity in which the establishment is engaged is	
	identified from the list.	
	All license in name of establishment and their details.	One License Proof**
	In case the establishment is already covered under the	
	ESIC, the ESIC Code	
	The ownership details with proof	
	Details of the Owners(s)	
	If the establishment is already on lease, the start date	
	and the details of the lessee(s)	
	The employment details as on application date,	
	number of excluded employees and the date on which	
	the number of employees crossed 19 (or 5 or 49 as	
	applicable)	
	Scanned image of cheque(s) of the bank account (s) for	One Cheque out of all bank accounts declared.
	upload	
	The list of branches of the establishments at different	
	locations with their address and number of employees	
	Scanned copy of Consent letter of the majority of	Copy of Consent Letter
	employees with their details and signatures. (Only in	
	case of voluntary coverage)	
	Date of agreement and any subsequent	
	datementioned in the said agreement for voluntary	
	coverage. (Only in case of voluntary coverage)	
	Specimen Signature of Authorised Signatory	In the format Provided

\*\* In case License under Sales Tax Act is selected, it is mandatory. Once the application is submitted, no editing will be permitted.