फार्म—9 (संशोधित) Form—9 (Revised)

कर्मचारी भविष्य निधि स्कीम, 1952 (पैरा 36(1) तथा कर्मचारी पेंशन स्कीम 1995 (पैरा 20)1), उन कर्मचारियों की रिटर्न जो कर्मचारी भविष्य निधि तथा पेंशन निधि का सदस्य बनने के लिये पात्र है।

THE EMPLOYEES PROVIDENT FUNDS SCHEME, 1952 (PARA 36(1)) and THE EMPLOYEES PENSION SCHEME 1995 (PARA 20(1)) RETURN OF EMPLOYEES WHO ARE ENTITLED AND REQUIRED TO BECOME MEMBERS OF THE EMPLOYEES PROVIDENT FUND AND PENSION FUND.

स्थापना का नाम तथा पता. ——————————
NAME AND ADDRESS OF THE FACT/ESTT ——————————

कोड संख्या. ——————————
CODE NO. ——————————

स्थापना जिस उद्योग में लगी है. ——————————
INDUSTRY IN WHICH THE FACT/ESTT. IS ENGAGED ——————————

कवरेज की तिथि . ——————————
DATE OF COVERAGE ——————————

फैक्टरी/स्थापना की पंजीकरण संख्या. ——————————
REGN. NO. OF THE FACTORY/ESTABLISHMENT ——————————

DATE FROM WHICH ——————————

कर्मचारी पेंशन स्कीम लागू होने की तिथि. ——————————
EMPLOYEES PENSION SCHEME IS APPLICABLE ——————————

यदि फैक्टरी/स्थापना कर्मचारी राज्य बीमा निगम के अन्तर्गत कवर्ड है तो क.रा.बीमा के अन्तर्गत आवंटित कोड संख्या यदि नहीं, फैक्टरी/स्थापना के चिकित्सा अधिकारी के पदनाम का ब्यौरा दे।

If Factory/Estt. is covered under E.S.I Act, indicate the code No. alloted under E.S.I. If not, furnish the details of the designated Medical Officer of the factory/establishment.

क. राज्य बीमा का कोड संख्या
चिकित्सा अधिकारी का नाम तथा पदनाम
E.S.I. Code No. Name of the designated Medical Officer.

नियोक्ता या प्राधिकृत अधिकारी के नमूना हस्ताक्षर
Specimen Signature of the Employer or authorised Official

| क्र. सं. Sr. No. | नाम Name | पदनाम Designation | नमूना हस्ताक्षर Specimen Signature |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

अभ्युक्ति यदि कोई है REMARKS, IF ANY:

नोट : (1) प्रत्येक कर्मचारी की इस फार्म के साथ फार्म—2 में घोषणा भेजनी है।
NOTE : (1) This Form should be accompanied by declaration in Form-2 by every employee.

(2) प्राधिकृत अधिकारी चिकित्सा अधिकारी में किसी भी तबदीली को आयुक्त को सूचित किया जाना चाहिए।
(2) Any change in the authorised official/designated Medical Officer should be intimated to the Commissioner.

नियोक्ता या किसी प्राधिकृत अधिकारी
के हस्ताक्षर...............
Signature of the employer or other authorised Officer
फैक्टरी/स्थापना की तिथि सहित मोहर ...............
Date and stamp of Factory/Establishment.

कवरेज की तिथि को सदस्य के रूप में बनाये गये कर्मचारियों की संख्या
No. of employees enrolled as members on the date of coverage ...............

## INSTRUCTIONS

(1) On receipt of the Form-9, the certificate given below should be completed.

(2) Form-9 should be audited and accepted as instructed in Para 56 to 58 of Manual of Accounting Procedure (Vol. 1)

(3) On acceptance of Form-9, Ledger Card Folio should be opened and the machine No. entered against each Account No. Simultaneously entries in Form-9 and Ledger Card should be attested by HEAD CLERK.

(4) The names of employees who become members of the EPF/EPF Scheme after the date of coverage will be entered in this form with reference to Form-5 received monthly form the Establishment.

(5) Receipt of Form-2 should be ensured in respect of all the members enrolled through Form-9/5.

(6) In case of retrospective coverage of an Establishment, the E.F.P. Scheme is applicable only from a prospective date as indicated in the coverage memo while settling F.P. Claims the date of commencement of recknoable service should be verified from the ledger card.

(7) The date reason for leaving service of member as reported through Form-10 should be linked in the Form-9 and the receipt of Form-3A should be ensured. Similarly, dates of re-joining or transfer should be noted in Form-9 under attestation of HEAD CLERK.

(8) On no account the folios of Form 9 should be removed.

(9) Form-9 should be kept under lock and key when not in use.

(10) As and when an account is settled the account No. rounded and remark of settling of account should be made over the dated initial of Accounts Officer by drawing a horizontal line with the words-EPF A/c closed, EPS A/c closed, DLI A/c closed, as the case may be.

(11) The remarks, column (No. 13) may be utilised for recording the F.P.I. No. also.

### CERTIFICATE

1. Certified that this book contains ............................ Folios.
   From Sl. No. ............ to ....................................................

2. Certified that the Old Form 9/Form 3. (FPF) have been cancelled and kept in safe custody.

CLERK                 HEAD CLERK                 ACCOUNTS OFFICER

                                                 Date :