

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 _____ कोड संख्या _____

NAME AND ADDRESS OF THE FACT/ESTT _____ CODE NO. _____

स्थापना जिस उद्योग में लगी है _____ कवरेज की तिथि _____

INDUSTRY IN WHICH THE FACT/ESTT. IS ENGAGED _____ 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.बी.मा. के अन्तर्गत आवंटित कोड संख्या यदि नहीं, फैक्टरी/स्थापना के चिकित्सा अधिकारी के पदनाम का ब्यौरा दें।

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

नियोक्ता या प्राधिकृत अधिकारी के नमूना हस्ताक्षर

Specimen Signature of the Employer or authorised Official

क्र. सं. नाम

Sr. No. Name

1. _____

2. _____

3. _____

4. _____

पदनाम

Designation

नमूना हस्ताक्षर

Specimen Signature

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 सूचित किया जाना चाहिए।

(2) Any change in the authorised official/designated Medical Officer should be intimated to the Commissioner.

कवरेज की तिथि को सदस्य के रूप में बनाये गये कर्मचारियों की संख्या

No. of employees enrolled as members on the date of coverage _____

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

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

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. 52 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 from 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.P.F. Scheme is applicable only from a prospective date as indicated in the coverage memo while settling F.P. Claims the date of commencement of reckonable 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-10 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, EPF A/c closed, EPF 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 (EPF) have been cancelled and kept in safe custody.

CLERK

HEAD CLERK

ACCOUNTS OFFICER

Date :