फॉर्म-9 (संस्थापित) Form-9 (Revised)
कर्मचारी महत्व का निधि स्थीम. 1952 (पराः 36(1)) तथा कर्मचारी पेंशन स्थीम. 1995 (पराः 20(1))के कर्मचारियों की रिटर्न जो कर्मचारी महत्व का निधि तथा पेंशन निधि का सदस्य बनने के लिए 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.

स्थापामा का नाम तथा पता

NAME AND ADDRESS OF THE FACT/ESTT

स्थापामा जिस उद्योग में लगी है।

INDUSTRY IN WHICH THE FACT/ESTT. IS ENGAGED

कृषि/स्थापत्य कर्मचारी का पेंशन निधि काल समय के अन्तर्गत कार्यवाही के अवकाश अवधि का कोड

REGN NO. OF THE FACTORY/ESTABLISHMENT

कर्मचारी पेंशन स्थीम लागू होने की लिधि।

DATE OF COVERAGE

कर्मचारी की लिधि।

DATE FROM WHICH

नियोजित यदि प्रतिबंधित अधिकारी के नाम तथा हस्ताक्षर

Specimen Signature of the Employer or authorised Official

क. र. नाम

Designation

नमुना हस्ताक्षर

Specimen Signature

1.

2.

3.

4.

अन्य सूचना प्रकाशित होते है REMARKS, IF ANY:

नोट : (1) प्रत्येक कर्मचारी की इस फॉर्म के साथ फॉर्म-2 में घोषणा भेजनी है।

NOTE: (1) This Form should be accompanied by declaration in Form-2 by every employee.

(2) प्रतिबंधित अधिकारी द्वितीय अधिकारी में किसी भी तरीके को अनुपल्लि का उपयुक्त किया जाना चाहिए।

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

कर्मचारी की लिधि के सदस्य के रूप में बनने गए कर्मचारियों की संख्या

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

स्थापत्य के नाम तथा पता

K. के नाम तथा पता

कोड संख्या

CODE NO.

नियोजित यदि प्रतिबंधित अधिकारी के नाम तथा हस्ताक्षर

Signature of the employer or other authorised Officer

कृषि/स्थापत्य का विशेषता हस्ताक्षर

Date and stamp of Factory/Establishment
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 54 to 56 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.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 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-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 folio 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 .......................... Folio.
From Sl. No. ............................ to ............................

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

CLERK

HEAD CLERK

ACCOUNTS OFFICER

Date: