

ONLINE REGISTRATION OF ESTABLISHMENT WITH DSC

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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 FOR EMPLOYER REGISTRATION

In the EPFO Official Website, www.epfindia.gov.in, 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.

The screenshot shows the EPFO Employer Registration and Login page. The page header includes the EPFO logo, the text "Employees' Provident Fund Organisation, India (A statutory body under Ministry of Labour and Employment, Government of India)", and "EMPLOYER E-SEWA". The main heading is "EMPLOYER REGISTRATION / LOGIN FOR ONLINE REGISTRATION OF ESTABLISHMENTS".

The page is divided into two main sections:

- WELCOME EMPLOYERS:** This section contains a "Dear Employers!!" message and a "REGISTER >>" button. Below this is an "Attention Dear Employers!" warning box with a red star icon, stating that establishments with existing code numbers should first submit Form 5A and get their PAN verified before applying for a Branch Unit.
- LOGIN:** This section contains a "LOGIN" heading, input fields for "USER NAME" and "PASSWORD", a "Sign In" button, and a "Forgot password?" link.

At the bottom right, there is an "INSTRUCTIONS" section with the text "Content awaited"

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.



Employees' Provident Fund Organisation, India
(A statutory body under Ministry of Labour and Employment, Government of India)

EMPLOYER E-SEWA

EMPLOYER REGISTRATION [Home](#)

Employer Registration Form
* Marked Fields are Mandatory.

EMPLOYER'S DETAILS

FIRST NAME* KAVITA ⓘ
MIDDLE NAME ⓘ
LAST NAME* SHARMA ⓘ
GENDER* FEMALE ⓘ
FATHER'S NAME* ONKAR NATH SHARMA
DATE OF BIRTH* 01-10-1973 ⓘ
EMPLOYER PAN* AQRPS595SM ⓘ
Your PAN will be verified against the name at the time of registration of your digital signature and only on it being successful you will be able to apply for a code number through this User Registration.

ADDRESS 1* H-1369, KESHAVPURAM ⓘ
ADDRESS 2 AWAS VIKAS 1, KALYANPUR ⓘ
CITY* KANPUR ⓘ
STATE* UTTAR PRADESH ⓘ District* KANPUR NAGAR ⓘ
COUNTRY INDIA

1. 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.

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

2. 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.



The screenshot shows a web browser window with the URL `olre.epfoservices.in/olrenew/owner_registration_form.php`. The form contains the following fields and options:

- STATE: LUTTAR PRADESH (dropdown)
- District: KANPLUR NAGAR (dropdown)
- COUNTRY: INDIA
- PINCODE: 208017
- MOBILE NO: 8588866468
- E-MAIL ID: harsh.kaushik2006@gmail.com
- USERNAME: kavtasharma (with a "Check availability" button)
- PASSWORD: [masked]
- QUESTION HINT: What is your favorite color? (dropdown)
- HINT ANSWER: blue

Below the form fields is a CAPTCHA section with the image "PHAPLN" and a "GET PIN" button. A message states: "PIN sent to your mobile. If PIN is not received within 5 minutes, please verify your mobile number. PIN has been sent to your mobile number."

The "DECLARATION" section contains the text: "I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY WRONG INFORMATION MAY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS." Below this is a checked checkbox for "I Agree to the above Declaration" and a "Submit" button. A small input field contains the number "6695".

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.





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.

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



4. Select the option, REGISTER CERTIFICATE.
5. The System prompts for Details of Employer

Employees' Provident Fund Organisation, India
(A statutory body under Ministry of 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

Register Digital Signature Certificate

Enter Employer Details

You have logged in from IP Address - 223.176.130.154

* Compulsary field

Employer Name : V RANGANATH *

(Please enter name exactly as per Digital Certificate.)

Mobile Number : 8588866468 *

NEXT

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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.

Employees' Provident Fund Organisation, India
(A statutory body under Ministry of 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

Register Digital Signature Certificate

Select type of Digital Signature Certificate

Sign with .PFX ?

Sign with Your USB token ?

SUBMIT

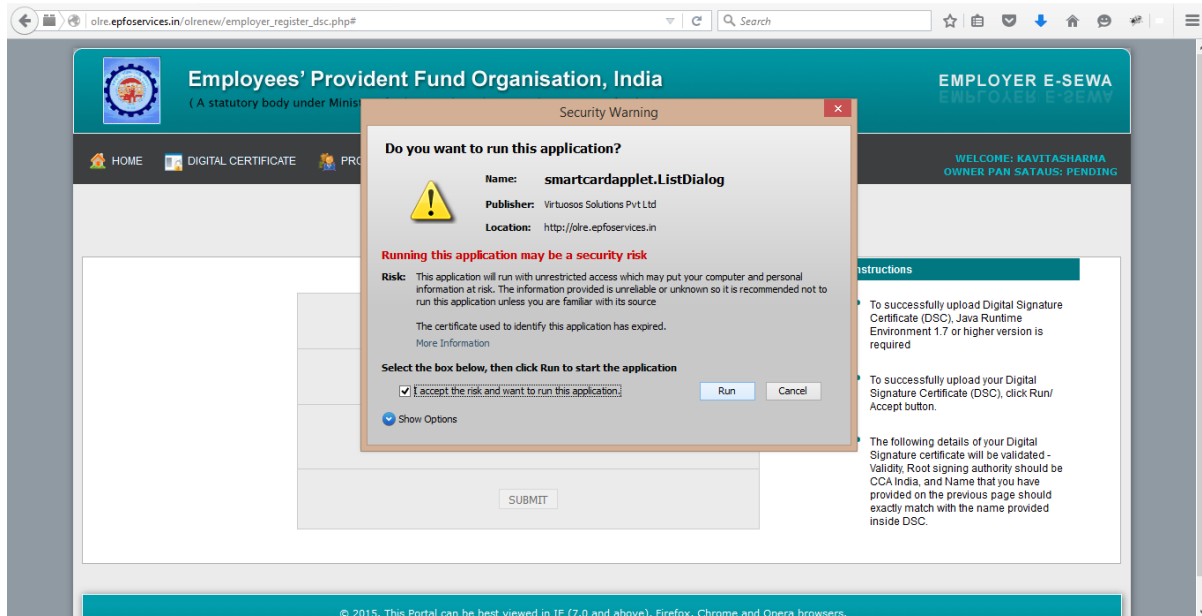
Instructions

- 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 - 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.

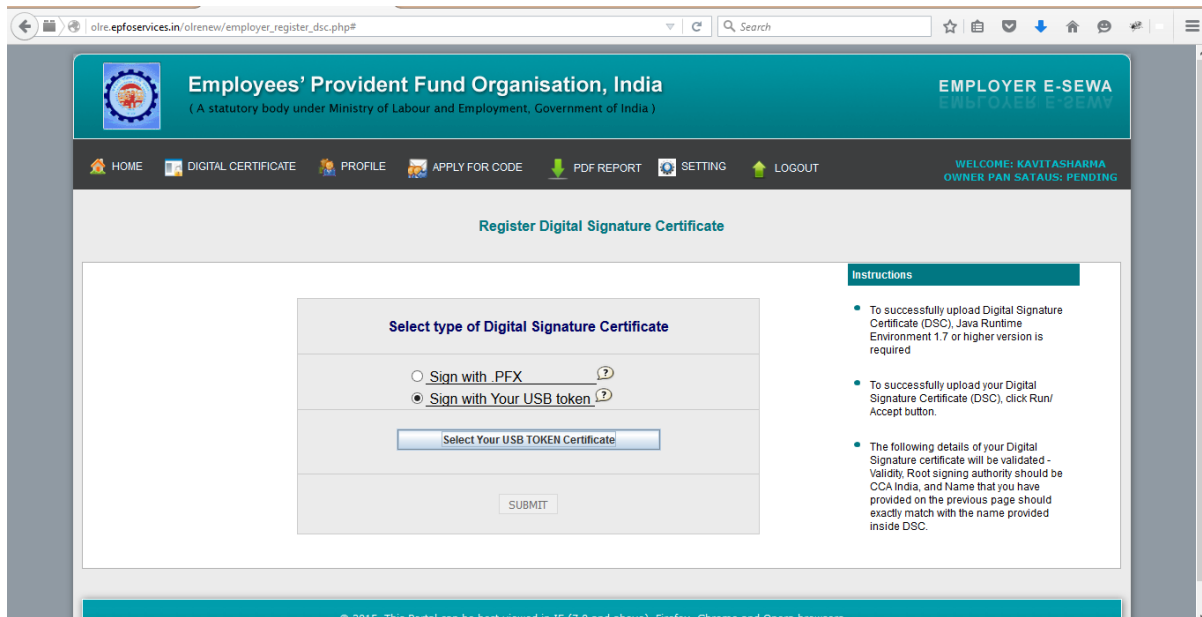
© 2015. This Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers.



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

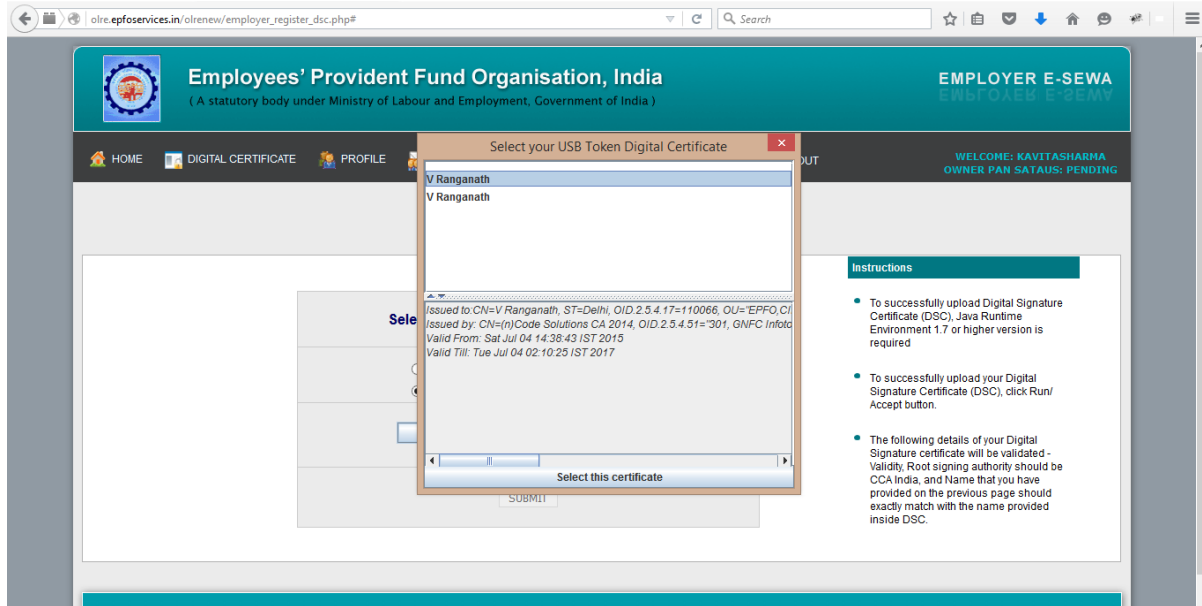


9. Select Your USB TOKEN Certificate appears. Click on it to get the following DSC details pop-up. Ensure your DSC USB Token has been inserted in the USB port properly.

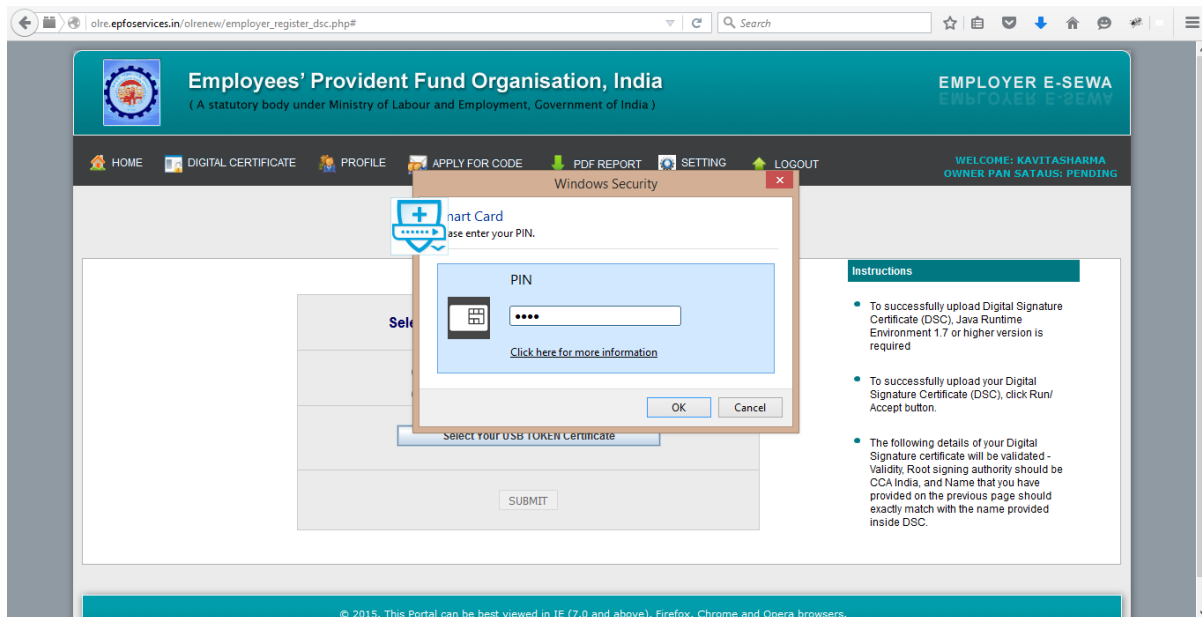


Pl. Note: The same Digital Signature once registered with any user, will not be permitted with any other user.

10. Select this Certificate, in the following screen.

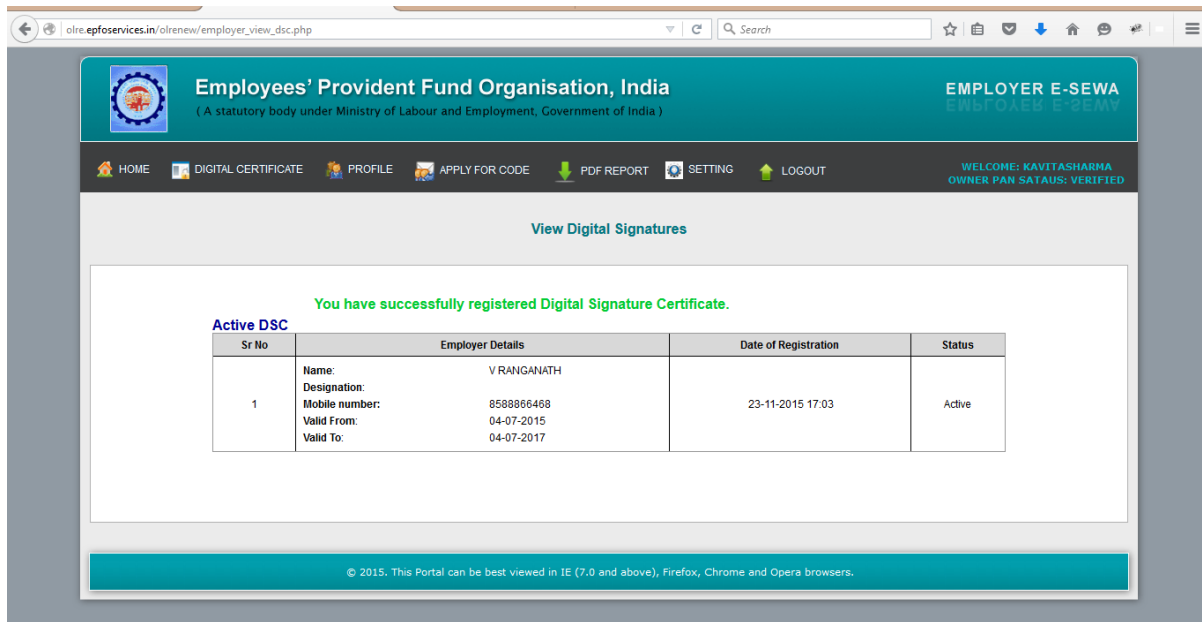


11. Enter your PIN details of the DSC and press OK.

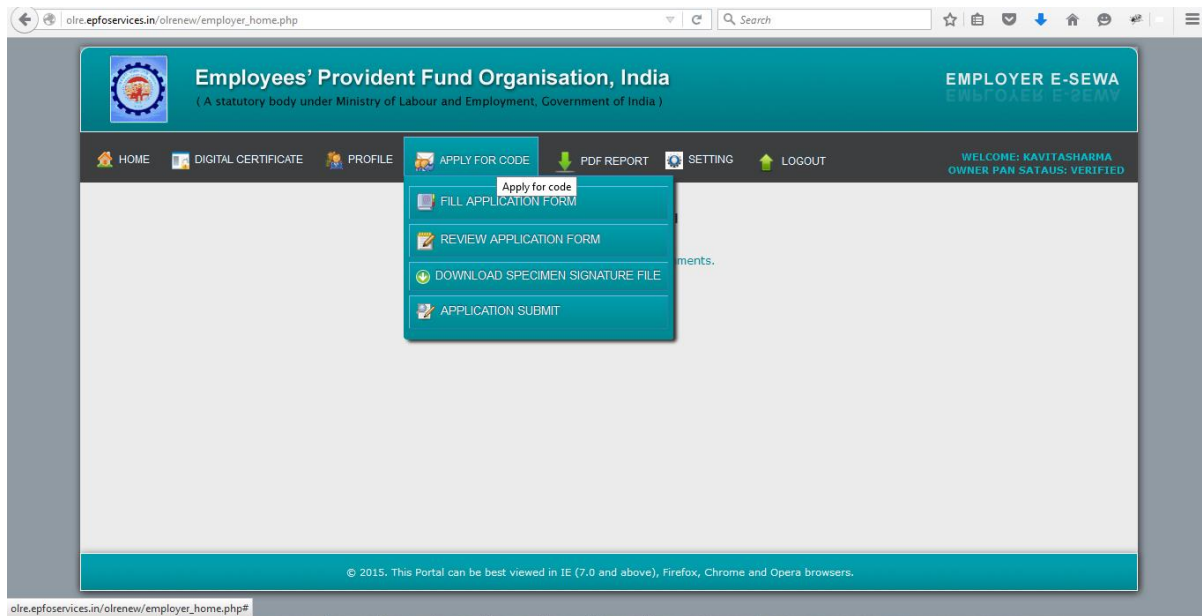


12. The message, Certificate selected successfully appears, click OK.

13. The View Digital Signature Screen appears, with the details of Active DSC registered with a Successfully Registered message.



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



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.

The screenshot shows a web browser window displaying the OLRE online application form. The browser address bar shows the URL: 10.50.3.179/olre/olrenew/online_coverage_form.php. The navigation menu at the top includes: HOME, DIGITAL CERTIFICATE, PROFILE, APPLY FOR CODE, FORM 5A / 2A, SETTING, and LOGOUT. The user is logged in as KAVITAKAUSHIK. The form is titled "Employees' P F Organisation Application for Registration Number of Establishment". A note states: "* Marked Fields are Mandatory." The form fields are as follows:

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
ADDRESS 2	SECTOR 23 DWARKA
CITY *	NEW DELHI
STATE*	DELHI
District*	SOUTH WEST
PIN / AREA*	110075
COUNTRY :	INDIA
PINCODE *	110075

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.

2. 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 [Section 1\(3\) \(a\) and 1 \(3\) \(b\)](#) 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 (Pl 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 all the above address proof as auto selected. 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.

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.



OLRE with DSC – Instructions For Filling OLRE Application

10.50.3.179/olre/olrenew/online_coverage_form.php

PINCODE * 110075

PHONE NO * 05122216827 FAX NO: 0512227464

E-MAIL ID * harsh.kaushik2006@gmail.com

WEB ADDRESS OF THE ESTABLISHMENT www.epfindia.gov.in e.g : http://www.xyz.com

PROOF OF ADDRESS *
 copy of bank passbook/statement
 copy of post paid telephone bill of any company
 copy of power connection in the name of the establishment
 copy of water connection in the name of the establishment
 any license/certificate/number issued by any Govt. authority

DATE OF SETUP OF ESTABLISHMENT * 22-01-2015

DOCUMENTARY PROOF OF DATE OF SET UP

DOCUMENT NAME*	REFERENCE NUMBER * (D)	DATE OF ISSUES OF DOCUMENT*	ISSUED BY, PLACE* (D)
Copy of the first Sales Invoice	987654321	15-02-2015	STO DELHI

BUSINESS ACTIVITY AND OWNER'S DETAILS

WHETHER THE ESTABLISHMENT IS A FACTORY* Yes No

SECTION APPLICABLE 0001(3)(b)

PRIMARY BUSINESS ACTIVITY * BREAD

5. Date of set up: Date of setup will be the date when the establishment was started.
6. 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.

7. 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 proof document 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 [Section 16 \(1\)](#).

10.50.3.179/olre/olrenew/online_coverage_form.php

WHETHER THE ESTABLISHMENT IS A FACTORY Yes No

SECTION APPLICABLE 0001(3)(b)

PRIMARY BUSINESS ACTIVITY * BREAD

LICENSES ISSUED BY VARIOUS AUTHORITIES

TYPE*	NUMBER* ^(?)	DATE*	ISSUED BY*	ISSUED AT PLACE*	REMARKS ^(?)	MARK AS PROOF
Sales Tax Act	123456789	01-01-2015	STO DELHI	DELHI		<input checked="" type="checkbox"/>

[+\(Add Row\)](#)

WHETHER ESTABLISHMENT IS COVERED UNDER THE ESIC ACT* Yes No

YOU ARE DECLARING THAT AS ON DATE OF APPLICATION, ESI CODE NUMBER IS NOT ALLOTTED TO YOUR ESTABLISHMENT.

OWNERSHIP DETAILS

OWNERSHIP TYPE*	REGISTRATION/ DEED NO.* ^(?)	DATE OF REGISTRATION NO.*	ISSUED BY, AT* ^(?)
PROPRIETARY FIRMS	9876	26-01-2015	DELHI

PARTICULARS OF OWNERS

NAME*	STATUS/ DESIG*	DATE OF BIRTH*	FATHER'S NAME	RESIDENTIAL ADDRESS* ^(?)	MOBILE NO* & E-MAIL	DATE FROM WHICH IN POSITION*	Whether The Owner is Incharge of Business of Establishment*	PRIMARY*



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 5A](#) should 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.



OLRE with DSC – Instructions For Filling OLRE Application

10.50.3.179/olre/olrenew/online_coverage_form.php

PARTICULARS OF OWNERS

NAME*	STATUS/ DESIG*	DATE OF BIRTH*	FATHER'S NAME	RESIDENTIAL ADDRESS*	MOBILE NO* & E-MAIL	DATE FROM WHICH IN POSITION*	Whether The Owner is Incharge of Business of Establishment*	PRIMARY*
GENDER MALE v KAVITA SHARMA	MANAGER PAN AQRP55955M DIN	01-10-1973	ONKAR NATH SHARM	A-703	M 8588866468 E harsh.kaushik2006@gmail.com	01-11-2015	YES v	<input checked="" type="checkbox"/>

Note: *The Mobile number and Email provided against the Owner ticked as 'Primary' shall be used as Primary mobile number and Email. Login to the ECR and other EPFO portals and all other activities shall be affected using the primary contact details.
*DIN: Director Identification Number (only for Directors)

PARTICULARS OF LESSEE

WHETHER THE ESTABLISHMENT ON LEASE Yes No

EMPLOYEE DETAILS

A.	NUMBER OF EMPLOYEES (INCLUDING EXCLUDED EMPLOYEES) AS ON DATE OF APPLICATION*	21
B.	NUMBER OF EXCLUDED EMPLOYEES	10
C.	DATE ON WHICH THE EMPLOYMENT STRENGTH EXCEED* 19	01-11-2015

BANK DETAILS

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.

10.50.3.179/olre/olrenew/online_coverage_form.php

EMPLOYEE DETAILS

A.	NUMBER OF EMPLOYEES (INCLUDING EXCLUDED EMPLOYEES) AS ON DATE OF APPLICATION*	21
B.	NUMBER OF EXCLUDED EMPLOYEES	10
C.	DATE ON WHICH THE EMPLOYMENT STRENGTH EXCEED* 19	01-11-2015

BANK DETAILS

IFSC CODE*	BANK NAME* (2)	BRANCH NAME*	ACCOUNT NUMBER*	ACCOUNT TYPE*
SBIN0000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT v

+(Add Row)

BRANCH/ DIVISION DETAILS

Whether the establishment is having a single Unit or has several Units (Branches) A single Unit Several Units

Save Preview

Note: The preview opens up in a new window. Please ensure that pop ups are not blocked by your browser.

© 2015. This Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers.



16. Bank Details: At-least one **Bank Account Detail** is mandatory. If bank account has the address proof, then the check box against the bank account is to be selected. 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.

The screenshot shows the 'Employees' Provident Fund Organisation, India' portal. The user is logged in as 'EMPLOYER E-SEWA'. The page displays a table of applications with columns for S.No, Application No., PAN, and status. A dropdown menu is open over the table, showing options: 'FILL APPLICATION FORM', 'REVIEW APPLICATION FORM', 'PDF REPORT', 'DOWNLOAD SPECIMEN SIGNATURE FILE', and 'APPLICATION SUBMIT'. The table data is as follows:

S.No	Application No.	PAN	Status	Upload Documents	View Documents
1	1764535133	AAQC...	ed	Already uploaded documents	
2	1554400995	AAQC...	ed	Already uploaded documents	
3	9540515504	AAQC...	ed	Already uploaded documents	
4	1772482724	AAQC...	ed	Already uploaded documents	
5	3014359424	AAQCS7168I		Already uploaded documents	
6	2667938963	AAQCS7168Z	Already Final submitted	Already uploaded documents	
7	1136651179	AAQCS7168I		Already uploaded documents	
8	1170080374	AAQCS7168I		Already uploaded documents	
9	2280271994	AAQCS7168I		Already uploaded documents	
10	2112886016	AAQPS7168I			
11	2303139020	AAQCS7168I			
12	1674126845	AAQCS7168I			

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).**

Preview Online Coverage Form - Mozilla Firefox

10.50.3.179/olre/olrenew/preview.php?pan_no=AQRPS5955M&ref_id=1062983244

APPLICATION FOR ALLOTMENT OF CODE NUMBER FOR COMPLIANCE UNDER THE EPF & MP ACT 1952
(APPLICATION NUMBER 1062983244)

PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT : AQRPS5955M
ACT APPLIES TO MY ESTABLISHMENT : THE EPF & MP ACT 1952 APPLIES TO MY ESTABLISHMENT
SECTION APPLICABLE : 0001(3)(b)
NAME OF THE ESTABLISHMENT : XYZ LIMITED
ADDRESS : A-703 SECTOR 23 DWARKA
CITY : NEW DELHI
State : DELHI District : SOUTH WEST
PIN / AREA : 110075 Office Name : DELHI NORTH
REGIONAL OFFICE
28, Community Centre, Wazirpur Industrial Area, 110052
ro.delhi.north@epfindia.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

PROOF OF ADDRESS :
1. copy of post paid telephone bill of any company
2. copy of power connection in the name of the establishment
3. copy of water connection in the name of the establishment
4. any license/certificate/number issued by any Govt. authority.

STATE* DELHI DISTRICT* SOUTH WEST
PIN / AREA 110075



OLRE with DSC – Instructions For Filling OLRE Application

Preview Online Coverage Form - Mozilla Firefox

10.50.3.179/olre/olrenew/preview.php?pan_no=AQRPS5955M&ref_id=1062983244

Note: The Mobile number and Email provided against the Primary Row shall be used as Primary mobile number and Email. Login to the system, all other activities shall be affected using the primary contact.

PARTICULARS OF LEASEE

Whether the Establishment on Lease : No

EMPLOYEE DETAILS

NUMBER OF EMPLOYEES AS ON DATE OF APPLICATION : 21
NUMBER OF EXCLUDED EMPLOYEES : 10
DATE ON WHICH THE EMPLOYMENT STRENGTH CROSSED 19 : 2015-11-01

BANK DETAILS

IF S CODE	BANK NAME	BRANCH NAME	ACCOUNT NUMBER	ACCOUNT TYPE	MARKED AS ADDRESS PROOF
SBIN000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT	NO

BRANCH DETAILS

Whether the establishment is having a single Unit or has several Units (Branches) : single Unit

Close print

STATE* DELHI DISTRICT* SOUTH WEST
PIN / AREA 110075

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.

10.50.3.179/olre/olrenew/online_coverage_form.php

EMPLOYEE DETAILS

A.	NUMBER OF EMPLOYEES (INCLUDING EXCLUDED EMPLOYEES) AS ON DATE OF APPLICATION*	21
B.	NUMBER OF EXCLUDED EMPLOYEES	10
C.	DATE ON WHICH THE EMPLOYMENT STRENGTH EXCEED* 19	2015-11-01

BANK DETAILS

IFSC CODE*	BANK NAME* (2)	BRANCH NAME*	ACCOUNT NUMBER*	ACCOUNT TYPE*
SBIN000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT

+(Add Row)

BRANCH/ DIVISION DETAILS

Whether the establishment is having a single Unit or has several Units (Branches) A single Unit Several Units

Save Preview

Note: The preview opens up in a new window. Please ensure that pop ups are not blocked by your browser.

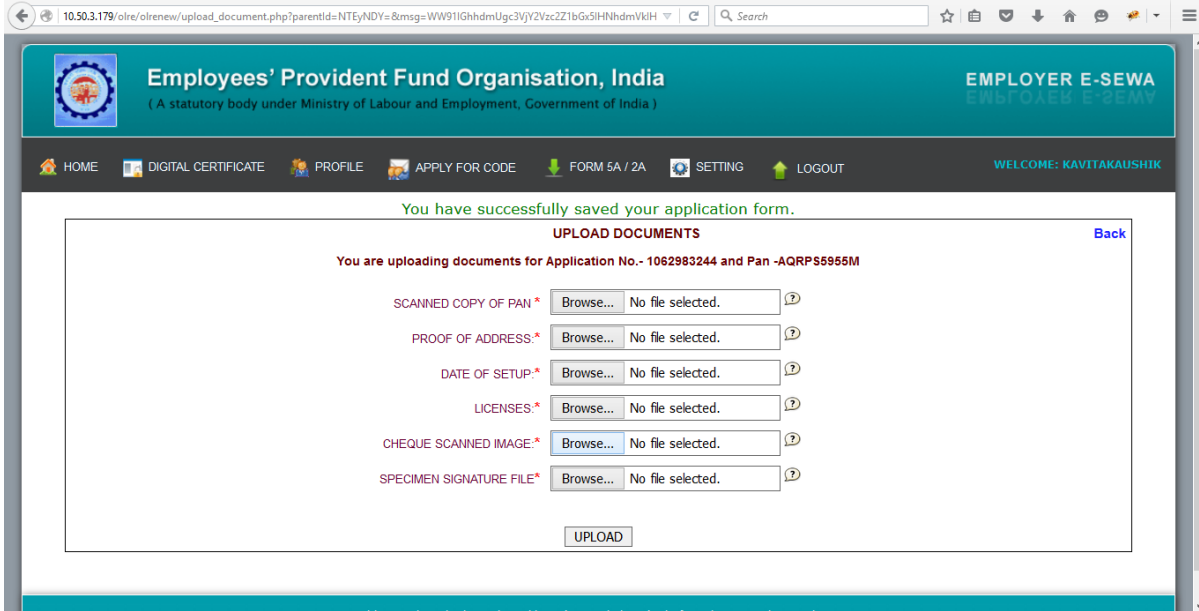
© 2015. This Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers.

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

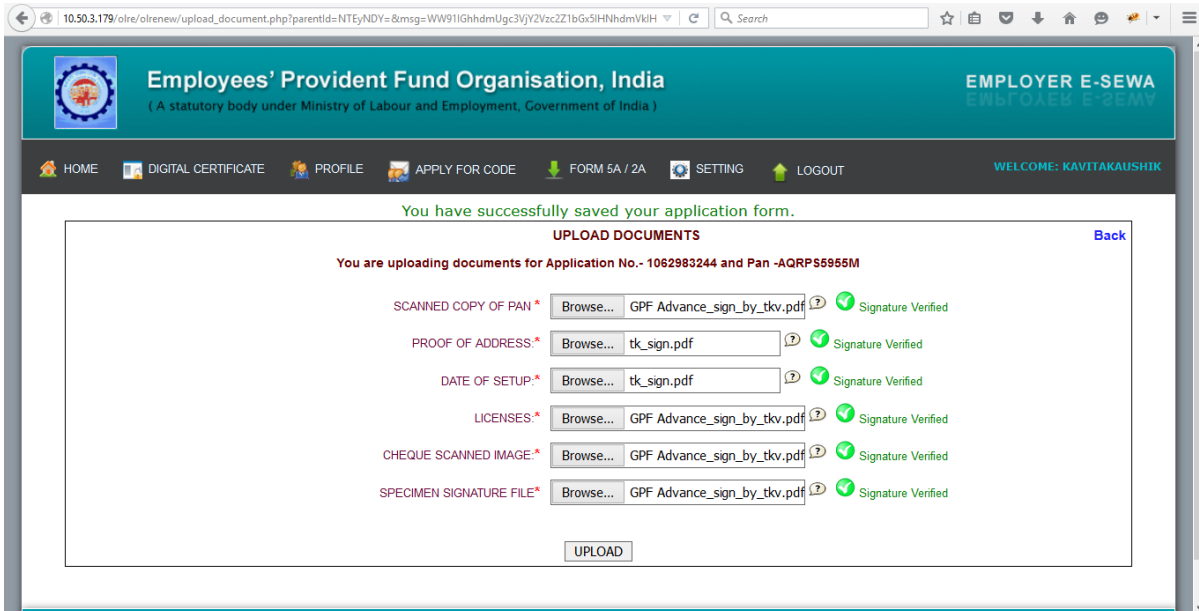


same from the “Review Application Form” in the “Apply for Code” main menu option in the Home page.



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.





23. The list of Uploaded documents are shown.

You have successfully uploaded documents.

LIST OF UPLOADED DOCUMENTS [Back](#)

You have uploaded documents for Application No.- 1062983244 and Pan -AQRPS5955M

Total Upload 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
5	Licenses	AQRPS5955M_licenses1.pdf	2015-11-12 17:03:19

I agree that the above uploaded documents are verified at our end.

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.

You have successfully uploaded documents.

LIST OF UPLOADED DOCUMENTS [Back](#)

You have uploaded documents for Application No.- 1062983244 and Pan -AQRPS5955M

Total Upload 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
5	Licenses	AQRPS5955M_licenses1.pdf	2015-11-12 17:03:19

I agree that the above uploaded documents are verified at our end.



The Final Review of application shown as below,

10.50.3.179/olre/olrenew/application_final_submit.php?parentId=NTEyNDY=&ref_id=MTA2Mjk4MzI0NA==&pan_no=QVFSUFlh

HOME DIGITAL CERTIFICATE PROFILE APPLY FOR CODE FORM 5A / 2A SETTING LOGOUT WELCOME: KAVITAKAUSHIK

Final Review of your application. Please complete the form below.

APPLICATION FOR ALLOTMENT OF CODE NUMBER FOR COMPLIANCE UNDER THE EPF & MP ACT 1952
(APPLICATION NUMBER 1062983244)

PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT : AQRPS5955M

ACT APPLIES TO MY ESTABLISHMENT : THE EPF & MP ACT 1952 APPLIES TO MY ESTABLISHMENT

SECTION APPLICABLE : 0001(3)(b)

NAME OF THE ESTABLISHMENT : XYZ LIMITED

ADDRESS : A-703 SECTOR 23 DWARKA

CITY : NEW DELHI

State : DELHI District : SOUTH WEST

PIN / AREA : 110075 Office Name : DELHI NORTH
REGIONAL OFFICE
28, Community Centre, Wazirpur Industrial Area, 110052
ro.delhi.north@epfindia.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

10.50.3.179/olre/olrenew/application_final_submit.php?parentId=NTEyNDY=&ref_id=MTA2Mjk4MzI0NA==&pan_no=QVFSUFlh

1. copy of post paid telephone bill of any company
2. copy of power connection in the name of the establishment
3. copy of water connection in the name of the establishment
4. any license/certificate/number issued by any Govt. authority

PROOF OF ADDRESS :

DATE OF SETUP OF ESTABLISHMENT : 2015-01-22

DOCUMENTARY PROOF OF DATE OF SET UP

DOCUMENT NAME	REFERENCE NUMBER	DATE OF ISSUES OF DOCUMENT	ISSUED BY, PLACE
Copy of the first Sales Invoice	987654321	2015-02-15	STO DELHI

BUSINESS ACTIVITY AND OWNER'S DETAILS

WHETHER THE ESTABLISHMENT IS A FACTORY : No

PRIMARY BUSINESS ACTIVITY : BREAD

LICENSES ISSUED BY VARIOUS AUTHORITIES

TYPE	NUMBER	DATE	ISSUED BY	ISSUED AT PLACE	REMARKS
Sales Tax Act	123456789	2015-01-01	STO DELHI	DELHI	

IN CASE ESTABLISHMENT IS COVERED UNDER THE ESIC ACT : No

OWNER'S DETAILS

OWNERSHIP TYPE	REGISTRATION/DEED NO.	DATE OF REGISTRATION NO.	ISSUED BY,AT
PROPRIETARY FIRMS	9876	2015-01-26	DELHI

PARTICULARS OF OWNERS



OLRE with DSC – Instructions For Filling OLRE Application

10.50.3.179/olre/olrenew/application_final_submit.php?parentId=NTEyNDY=&ref_id=MTA2Mjk4MzI0NA==&pan_no=QVFSUFlh

PARTICULARS OF OWNERS

SL NO	NAME	STATUS/ DESIG	DATE OF BIRTH	FATHER'S NAME	RESIDENTIAL ADDRESS	MOBILE NO	E-MAIL	DATE FROM WHICH IN POSITION	Primary	Incharge
1	GENDER MALE KAVITA SHARMA	MANAGER PAN AQRPS5955M DIN	1973-10-01	ONKAR NATH SHARMA	A-703	8588966468	harsh.kaushik2006@gmail.com	2015-11-01	YES	YES

Note: The Mobile number and Email provided against the Primary Row shall be used as Primary mobile number and Email. Login to the system, all other activities shall be affected using the primary contact.

PARTICULARS OF LEASEE

Whether the Establishment on Lease : No

EMPLOYEE DETAILS

NUMBER OF EMPLOYEES AS ON DATE OF APPLICATION	: 21
NUMBER OF EXCLUDED EMPLOYEES	: 10
DATE ON 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
SBIN000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT	NO


10.50.3.179/olre/olrenew/application_final_submit.php?parentId=NTEyMTM=&ref_id=MTEzNjY

BANK DETAILS

IFS CODE	BANK NAME	BRANCH NAME	ACCOUNT NUMBER	ACCOUNT TYPE	MARKED AS ADDRESS PROOF
110069	STATE BANK OF INDIA	LAXMINAGAR	3202136589	CURRENT ACCOUNT	YES

BRANCH DETAILS

Whether the establishment is having a single Unit or has several Units (Branches): single Unit

GHMYS  Please type the characters shown in the image.

Click the button to get Authorization PIN SMS on your Mobile. Please note that the PIN SMS shall be sent to the mobile number of owner ticked as primary in the section 'Particulars of Owners.'

DECLARATION:

I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY WRONG INFORMATION MAY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS.

I Agree to the above Declaration

Enter Authorization PIN received on your mobile and press the Submit button to finally submit the form:

Note: Please ensure that pop ups are not blocked by your browser.

© 2015. This Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers.

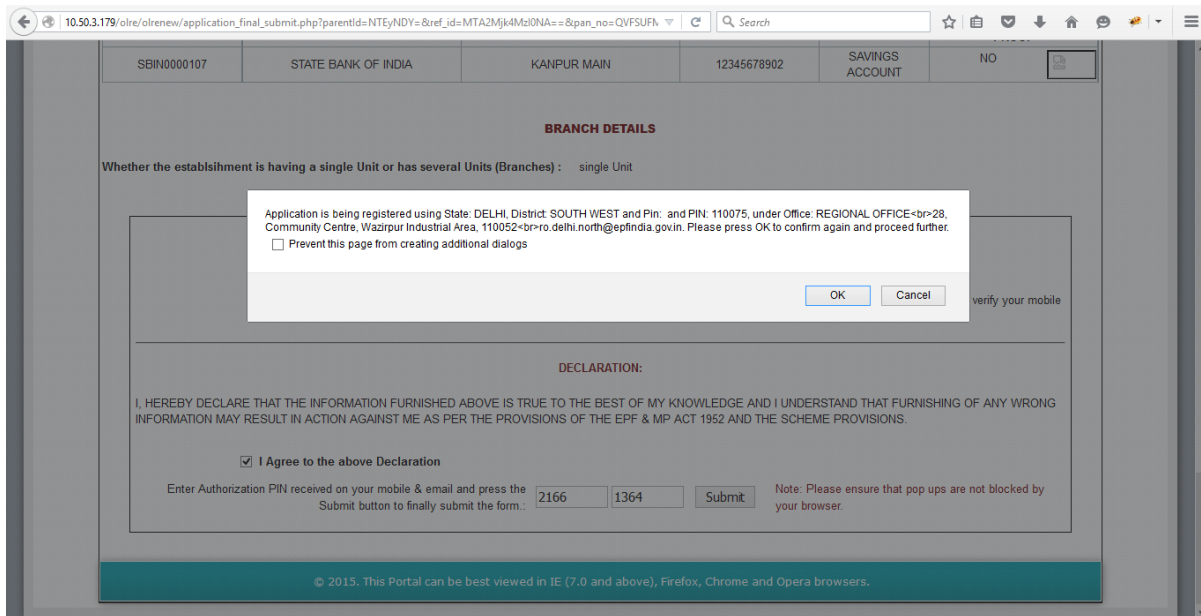
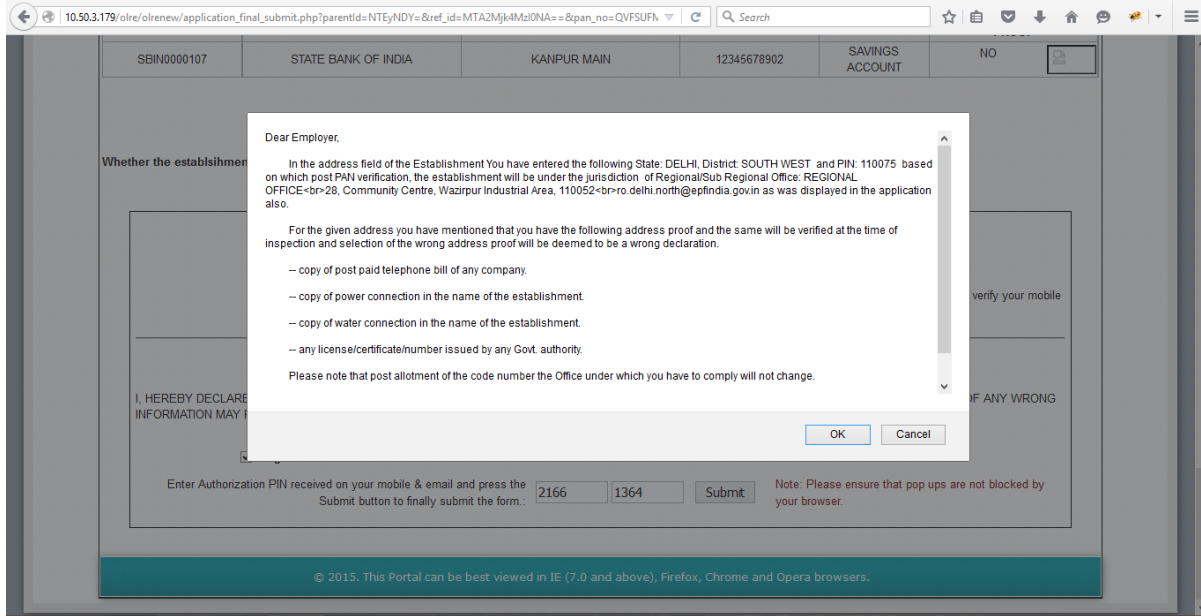
25. If the employer is satisfied that the entered data is correct, he should enter the CAPTCHA code and click the get PIN button.

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.



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.



OLRE with DSC – Instructions For Filling OLRE Application

Online Coverage

10.50.3.179 / localhost / e... X +

10.50.3.179/olre/olrenew/success_msg.php?application_no=2362421296&parent_id=51262&pan=AIUPK5029P&ssid=0.940353055

Employees' Provident Fund Organisation, India
(A statutory body under Ministry of Labour and Employment, Government of India)

EMPLOYER E-SEWA
ЕМЪЛОБЪ Е-СЕМУ

HOME DIGITAL CERTIFICATE PROFILE APPLY FOR CODE FORM 5A / 2A SETTING LOGOUT WELCOME: KAVITAKAUSHIK

Your request for compliance under the EPF and MP Act 1952 is successfully accepted. Your Application Number is '2362421296' & establishment code is 'UKDDN1051356000'
[click here](#) to download a copy of application submitted online for allotment of registration number.

Windows taskbar: 4:40 PM 13/11/2015

Online Coverage

10.50.3.179 / localhost / e... X +

10.50.3.179/olre/olrenew/success_msg.php?application_no=2362421296&parent_id=51262&pan=AIUPK5029P&ssid=0.940353055

Employees' Provident Fund Organisation, India
(A statutory body under Ministry of Labour and Employment, Government of India)

EMPLOYER E-SEWA
ЕМЪЛОБЪ Е-СЕМУ

HOME DIGITAL CERTIFICATE PROFILE APPLY FOR CODE FORM 5A / 2A SETTING LOGOUT WELCOME: KAVITAKAUSHIK

Your request for compliance under the EPF and MP Act 1952 is successfully accepted. Your Application Number is '2362421296' & establishment code is 'UKDDN1051356000'
[click here](#) to do

Opening 2362421296.pdf

You have chosen to open:
2362421296.pdf
which is: Adobe Acrobat Document
from: http://10.50.3.179

What should Firefox do with this file?

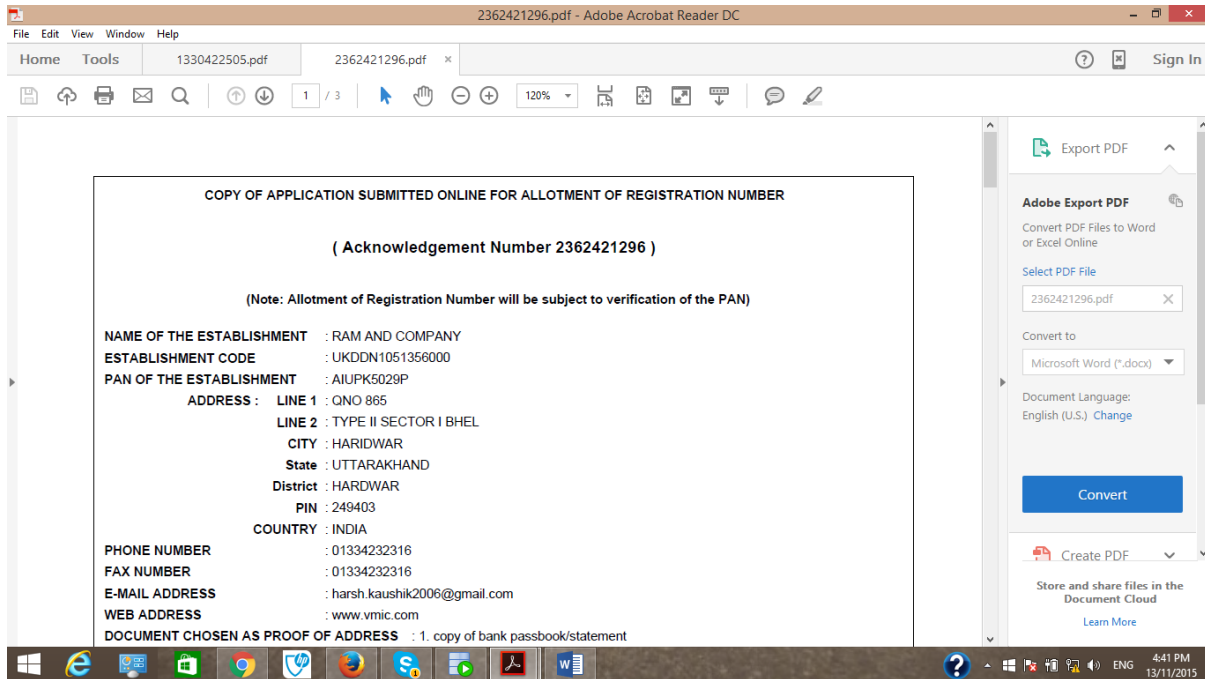
Open with Adobe Acrobat Reader DC (default)

Save File

Do this automatically for files like this from now on.

OK Cancel

Windows taskbar: 4:41 PM 13/11/2015



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.

**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:

Tick	Requirements	UPLOAD Document as Digitally Signed PDF
	Scanned image of PAN for upload	PAN card Image
	All the address proof(s) of the establishment as mentioned in the Instruction Sheet	One address proof
	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 upload	One Cheque out of all bank accounts declared.
	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 employees with their details and signatures. (Only in case of voluntary coverage)	Copy of Consent Letter
	Date of agreement and any subsequent date mentioned 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.