ASSOCIATION FOR SOCIAL SERVICE AND REHABILITATION OF THE AGED (ASSRA)

Head Office: BB-9-G, DDA Flats, Munirka, New Delhi-110067
E-mail us at: assra4u@gmail.com, **Visit us at:** www.assra4u.org
Telefax: 26172028, **Mobile:** 9891548604, 98102 12927

Letter No: A03115069

03-02-2024

To be submitted on company letterhead in duplicate to Regional Provident Fund Commissioner, DELHI

To,

Regional Provident Fund Commissioner,
EPFO COMPLEX, PLOT NO. 23 BEHIND ACP OFFICE,SECTOR-23,DWARKA,

Reference: **Establishment Code Number DSNHP1943642000**

Subject: **Submission of Authorized Signatory Information with respect to ASSOCIATION FOR SOCIAL SERVICE AND REHABILITATION OF THE AGED for claim/returns related matters in EPFO-regarding.**

Sir

The following official is hereby authorized to deal with all correspondences including attestation of claims/ returns for ASSOCIATION FOR SOCIAL SERVICE AND REHABILITATION OF THE AGED in connection with EPF matters.The specimen signature of the official are placed below in the prescribed space.

1. The digital signature of the authorized signatory has been uploaded on the portal to digitally sign and forward claims/ returns to EPFO. Necessary action may kindly be taken to enable the digital signature at your end.

Sl.No.	Name of the Authorized Signatory	Designation and Mobile No	Specimen Signature	Digital Signature Valid
1	NAMITA SAHOO	PRESIDENT	1. 2. 3.	27/01/2026

2. I undertake that:
(a) In case of expiry of validity of digital signature of the authorized signatory, the digital signature in respect of the respective authorized signatory would be uploaded on the portal after its renewal.
(b) In case of de-authorization of the above official before expiry of the validity of digital signature, the same would be revoked from the Portal instantly and EPFO would be informed about the same by submitting revocation request letter immediately for completion of the revocation process.

Thanking You,

Yours' faithfully,

Signatures of employer with Company

For EPFO office Use

Signature of employer verified from EPFO office records

Signatures of Dealing Assistant with name stamp
Date:

Signatures of Assistant Commissioner with name stamp

Approved on RO/ SRO Portal

Signatures of Nodal officer with Name stamp
Date:

FORM No 5A

Date :03-May-2024

EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

(Ist RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10000244094.]

Code Number : DSNHP1943642000

1. Name of Establishment : ASSOCIATION FOR SOCIAL SERVICE AND REHABILITATION OF THE AGED
2. Code Number of the Establishment under EPF Scheme : DSNHP1943642000
3. Postal address of the Establishment and its branches [Please see Annexure : E 108/1, Baba Gangnath Market, Munirka, SOUTH WEST, DELHI - 110067
4. Industry or business in which engaged : SOCIETIES CLUBS OR ASSOCIATIONS
5. Date of commencement of business : 01/03/2019
6. Date of closure by previous : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. PRASHANTA GHADAI	19/03/1976	VICE PRESIDENT	PURNA CHANDRA GHADAI	VILL KASIDIH VIA PATAMDA PATMDA PURBI SINGHBHUM JHARKHAND 832105	15/05/2002
2	Mr. DHARVENDRA SINGH YADAV	10/10/1984	TREASURE	SHARDA PRASAD YADAV	HOUSE NO 190 BABULAL CHOWK MUNIRKA SOUTH WEST DELHI DELHI 110067	15/05/2002
3	Ms. DIVYA SHIKHA	21/06/1989	MEMBER	RAJESH PAL	1 LAXMAN SINGH COMPLEX MUNIRKA SOUTH WEST DELHI DELHI 110067	15/05/2002
4	Ms. SUSHREE ACHARYA	10/07/1974	MEMBER	PATITAPABAN ACHARYA	492 HANUMAN MANDIR ROAD CHIRAG DELHI MALVIYA NAGAR SOUTH DELHI 110017	15/05/2002
5	Ms. DEETI RANJITA ROY	01/03/1973	MEMBER	DEEPAK RANJAN RAY	FLAT NO 6 DDA SFS FLATS SEC-5 DWARKA SOUTH WEST DELHI DELHI 110075	15/05/2002
6	Mr. TAPAS PAIK	19/01/1972	MEMBER	BIJOY RANJAN PAIK	ASHIRBAD APARTMENT DIMNA ROAD JAMSHEDPUR PURBI SINGHBHUM JHARKHAND 831018	15/05/2002

For Association for Social Service and

Dharvendra Singh

Authorised Signatory

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
7	Mr. ANIL KUMAR ROY	20/01/1976	SECRETARY	RAM BACHAN ROY	RZ-289/324, GALI NO 4 SHIVPURI WEST SAGARPUR SOUTH WEST DELHI DELHI 110046	15/05/2002
8	Ms. NAMITA SAHOO	05/07/1973	PRESIDENT	PARSHURAM PARIDA	BB-9G DDA FLATS MUNIRKA SOUTH WEST DELHI DELHI 110067	15/05/2002
9	Mr. SUBHAJIT SAHOO	14/07/1969	MEMBER	MAHENDRA CHANDRA SAHU	BB-9G DDA FLATS MUNIRKA SOUTH WEST DELHI DELHI 110067	22/01/2024

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date

10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Ms. NAMITA SAHOO	05/07/1973	PRESIDENT	PARSHURAM PARIDA	BB-9G DDA FLATS MUNIRKA SOUTH WEST DELHI DELHI 110067	15/05/2002

Date:

For Association for Social Service and Rehabilitation of the Aged

Authorised Signatory

ANNEXURE - I

Details of Branches of the Establishment

ANNEXURE - II

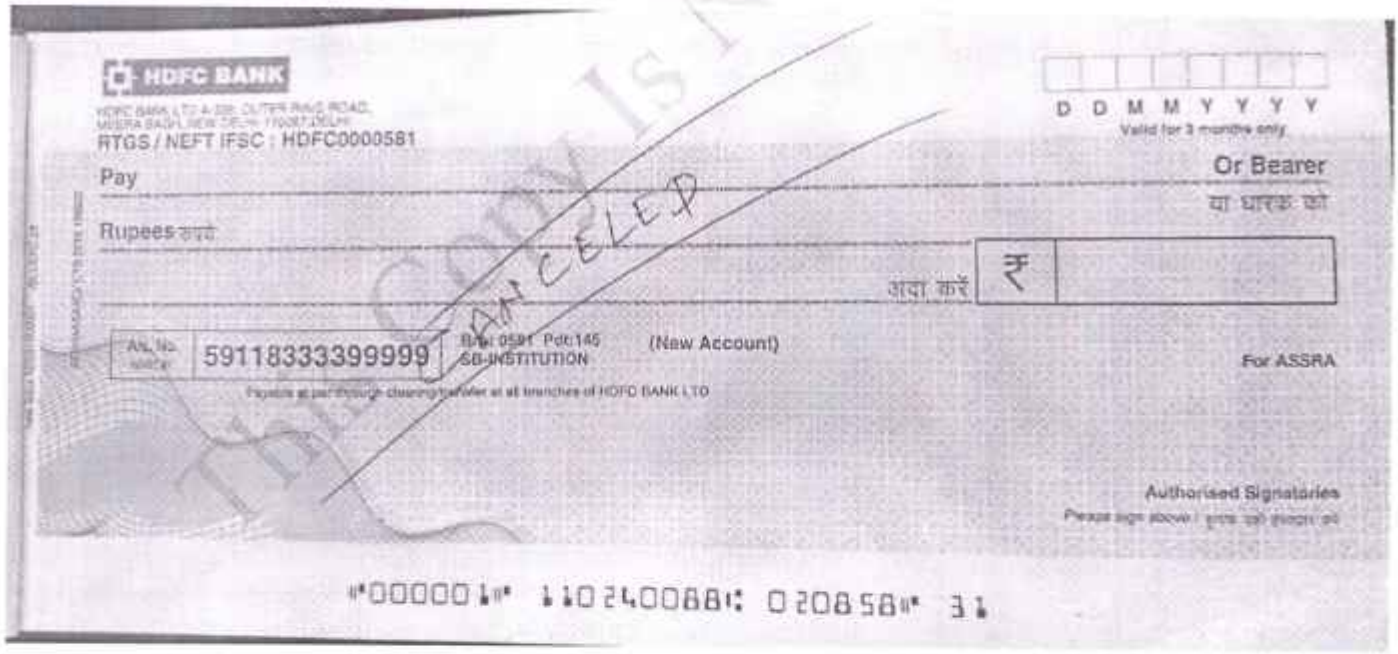
List of Branches having Separate/ Sub Code Number

ANNEXURE - III

Details of Bank Account Number

S No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	HDFC0000581	HDFC BANK	MEERA BAGH	59118333399999	CURRENT	YES

Copy of cheque of the primary account number : 59118333399999



Authorised Signatory

SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY NAMITA SAHOO

Name of Establishment : ASSOCIATION FOR SOCIAL SERVICE AND REHABILITATION OF THE AGED

Address of the Establishment : E 108/1, Baba Gangnath Market, Munirka, SOUTH WEST, DELHI - 110067

Code Number of the : DSNHP1943642000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

 # Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____

2. _____

3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

For Association for Social Service and Rehabilitation of the Aged

Signature of employer _____

Name of Employer DHARVENDRA SINGH YADAV

Authorised Signatory

Designation of Employer TREASURER

Seal of Establishment

Mobile number 9899183809

[ ] Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.
In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.