FORM NO. 9 [Revised]

The Employees' Provident Fund Scheme, 1952 [Para 36 (1)] & the Employee,s Family Pension Scheme, 1971 [Para 16 (1)]

Return of Employees who are Entitled and Required to Become Members of the Employees PROVIDENT FUND & FAMILY PENSION FUND

Name & address of the factory / establishment		Code No					
Industry in which the factory / establishment is engaged		Date of coverage					
Regn. no. of the factory / establishment	Date from w	Date from which EFP scheme is applicable					
If factory / establishment 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 / Estt.							
Name of designated Medical Officer							
Specimen Signature of the Employer or authorised official							
Sr. No. Name	Designation	Specimen Signatures					
1							
2							
3							
4.							
REMARKS IF ANY							
NOTES: 1. This Form should be accompanied by declaration in Form-2 by every employee.							
2. Any change in the authorised official / designated Medical Officer should be intimat	ted to the Commissioner.						
No. of employees enrolled as members on the date of coverage.							
Stamp of factory/Estt.	Signature of the employer or other authorised o	fficer with date and Stamp of Factory/Establishment					

Sr. No.	A/C No.	(or husband's name	Father's Name		Sex	Date of eligibility for membership	Total period of previous service (excluding period of breaks as on the date of joining the fund)	l joining FPF	Machine / Folio No. of Ledger card opened	Initial of H.C.	Date & reason for leaving service	Remarks & initial on settlement		
			married women)	Age								EPF FPF DLI	110	110
1	2	3	4	5	6	7	8	9	10	11	12		13	