

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 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 intimated 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 officer with date and Stamp of Factory/Establishment

