

# Employees Provident Fund Scheme Form 5

[Paragraph 36(2)(a) of the Employees' Provident Funds Scheme, 1952 and  
Para 20(4) of the Employees' Pension Scheme, 1995]

Return of Employees qualifying for membership of the Employees' Provident  
Fund, Employees Pension Fund & Employees' Deposit Linked Insurance Fund  
for the first time during the month of \_\_\_\_\_

(To be sent to the Commissioner with Form 2 (EPF & EPS))

Name and Address of the Factory/Establishment \_\_\_\_\_  
\_\_\_\_\_

Code No. of Factory/Establishment .....

Sl. No	Account No.	Name of Employee (in block capitals)	Father's name (or Husband's name in case of married woman)	Date of Birth	Sex	Date of joining the Fund	Total period of previous service as on the date of joining the Fund (Enclose Scheme certificate if applicable)	Remarks
1	2	3	4	5	6	7	8	9

Signature of the Employer or  
other authorised officer of the  
Factory/Establishment

Date .....

Stamp of the Factory/Establishment