



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

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

(1st 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 3135611860.]

Code Number : GJAHD1422797000

1. Name of Establishment : CHANAKYA KERAVANI TRUST

2. Code Number of the Establishment under EPF Scheme : GJAHD1422797000

3. Postal address of the Establishment and its branches : BLOCK NO 145 OPP AASHKA HOSPITAL, NR PRASANG PARTY PLOT SARGASAN, GANDHINAGAR, GANDHINAGAR, GUJARAT - 382421 [Please see Annexure I]

4. Industry or business in which engaged : SCHOOL

5. Date of commencement of business : 17/01/2011

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. CHHAGANBHAI POPATBHAI SUKHADIYA	02/06/1952	TRUSTEE	POPATBHAI SUKHADIYA	8 SIDHHIVINAYAK BUNGLOWS OPP P W D GODOWN PETHAPUR GANDHINAGAR-382610	10/05/2017
2	Ms. BINAL NAYANKUMAR TRIVEDI	11/07/1977	TRUSTEE	NAYANKUMAR TRIVEDI	PLOT NO-31/2 SECTOR-3/A GANDHINAGAR-382007	10/05/2017

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	Mr. CHHAGANBHAI POPATBHAI SUKHADIYA	02/06/1952	TRUSTEE	POPATBHAI SUKHADIYA	8 SIDHHIVINAYAK BUNGLOWS OPP P W D GODUWN PETHAPUR GANDHINAGAR-382610	10/05/2017

Date: _____ Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment _____

Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.

Signature of remaining employers:

Signature _____

Name _____

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	UBIN0817139	UNION BANK OF INDIA	GANDHINAGAR	171311100000399	CURRENT	YES

Copy of cheque of the primary account number : null

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 _____

Name of Establishment : CHANAKYA KERAVANI TRUST

Address of the Establishment : 49 ANAND NAGAR, SECTOR 27, GANDHINAGAR, GANDHINAGAR, GUJARAT - 382421

Code Number of the : GJAHD1422797000

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 _____

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Mobile number _____

Seal of Establishment _____ Mobile number _____

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