**Form 1 (PF)**

**Consolidated Return Of Employees Entitled And Required**

**To Become Members Of Insurance Fund On The Date**

**The Scheme Comes Into Force**

**(For Exempted Establishments)**

**Employees’ Deposit-Linked Insurance Scheme, 1976**

**(Para. 10)**

Code No. of the Establishment………………

Name and address of the establishment…… Date of coverage………………

Industry in which establishment Registration No. of establishment……………

is engaged…………

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sl. No. | A/c. No. as in PF | Name of the employee (in block letters) | Father’s name (or husband’s name in the case of married woman) | Sex | Accumulations in his/her Provident Fund account at the end of the financial/accounting years, preceding the date the Scheme comes into force | Remarks | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | |  |  |  |  |  |  |  | |

Date……… Signature of the employer or other

authorised officer of the establishment

Station ……………. Stamp of the establishment

Note : 1. This form should be accompanied by certified copies of the nominations) and or changes therein made by each employee under Provident Fund rules of the establishment.

2. Remarks for the missing A/c. No. (i.e. those in respect of employees who had left service, etc. should be given be at the end.)