

FORMAT FOR ONLINE IW-1 MONTHLY RETURN REQUIRED TO BE SUBMITTED BY EMPLOYER

STATEMENT SHOWING THE DETAILS OF EMPLOYEES QUALIFYING FOR MEMBERSHIP AS IWU Under Para 83 of Employee's Provident Fund Scheme,1952 AS ON (31-01-26)

(To be submitted immediately after the commencement of the scheme and along with Forms 5 (for UNEXEMPTED)/Form 4 PS (for EXEMPTED) every month,thereafter}

Return uploaded vide ref no. 02260174779 on Date 15-02-26 10:33:35.230777 AM

Name and Address of the Establishment:RAINBOW HILL N-304, MANGOL PURI,,DELHI,DELHI

Establishment Code no:DLCPM0039140000

				Certificate of coverage related details in respected of Excluded Employee under Para 83(1)(f)(i)2(ii)					
S.NO	Name	UAN & Pf Account No	Monthly pay(In Rs.)	Nationality and Passport details	Employment Visa Details	Certificate of Coverage(COC) Details (For countries having SSA with India)	City	Country	Remarks
Part(A)(i) For IWU under para 2(ja)(a)(Outbound Indian Passport holder going to work in country with which India has SSA)									
NIL									
Part(B)(i) For IWU under para 2(ja)(b)(Inbound other than India Passport holder coming to work in India)									
(ii) For IWU excluded under Para 83(1)(f)(ii)									
NIL									

Verified

*Pay as explained under para 30 of the EPS Scheme 1952

(RAINBOW HILL)

Signature of employer/authorised official

Stamp of the establishment