FORM No 5A Date :23-Oct-2026

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

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para 10)

(Ist 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 10002200225.]

Code Number : GNRTK3955945000

1. Name of Establishment : NEKI RAM SPORTS SR SEC SCHOOL

2. Code Number of the Establishment under EPF : GNRTK3955945000

3. Postal address of the Establishment and its branches : H.no 1965 Vpo Lakhan Majra, Jind Road Lakhan Majra Rphtak, Vpo Lakhan Majra Rohtak, ROHTAK, HARYANA - 124514 [Please see Annexure I]

4. Industry or business in which : SCHOOL

5. Date of commencement of business : 14/06/2018

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. SURESH KUMAR	01/12/1965	Principal	Ran Singh	H NO 1965 JIND ROAD LAKHAN MAJRA VPO-LAKHAN MAJRA ROHTAK LAKHAN MAJRA Rohtak Haryana	01/06/2018

9. In case on lease, particulars of : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date

10. If registered under Factories Act, particulars of : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SURESH KUMAR	01/12/1965	Principal	Ran Singh	H NO 1965 JIND ROAD LAKHAN MAJRA VPO-LAKHAN MAJRA ROHTAK LAKHAN MAJRA Rohtak Haryana	01/06/2018

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 _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

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

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

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : NEKI RAM SPORTS SR SEC SCHOOL

Address of the Establishment : H.no 1965 Vpo Lakhan Majra, Jind Road Lakhan Majra Rphtak, Vpo Lakhan Majra Rohtak, ROHTAK, HARYANA - 124514

Code Number of the : GNRTK3955945000

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 _____

Signature of employer _____

Name of Employer _____

Designation of Employer

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.

Regional Office
EMPLOYEES' STATE INSURANCE CORPORATION
ESI Corporation, Regional Office, Panchdeep Bhawan, Sector 16, Faridabad, Haryana

C-11 Regd. with a.d.

To
M/s.NEKI RAM SPORTS SR SEC SCHOOL

Dated : 06/05/2026

H.no 1965 Vpo Lakhan Majra
Jind Road Lakhan Majra Rphtak
Vpo Lakhan Majra Rohtak,124514

Sub : Implementation of the E.S.I. act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(3)/1(5) of the ESI Act, as amended.

Dear Sir(s),

1. It is informed that under section 1(3) of the ESI Act, 1948 is applicable to all factories covered under the Act within the area where your factory is situated.

2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishments Under Section 1(5) of the Act in this area

3. Under Section 2 A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the Act.

4. On the basis of the particulars in respect of your factory/establishment submitted by you/ on the basis of the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 05/05/2026. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.

5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act.

6. You are also requested to submit employer's registration form (form 01) on line, as required under the provisions of sec.2-A of the ESI Act , 1948 read with regulation 10-B of the ESI(General), Regulations, 1950(only in case your Code No. is alloted as a result of Survey by a Social Security Officer of ESI Corporation).

7. For the sake of convenience your factory/establishment has been allotted code No **13001391740001302** which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **Old Housing board road, shivaji chowk Rohtak** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

8. A State wise list of ESI Dispensaries is available on our website www.esic.nic.in under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

9. The Corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI Act and Regulations on your part.

10. All the Branches of State Bank of India are authorized to accept the ESI Contribution.

11. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website www.esic.nic.in under the link Publications which may be downloaded for wide publicity for the smooth functioning of the Scheme

12. Please indicate your Code No. on all correspondences to avoid delay

13. **This is a computer generated letter and does not require any signature.**

Yours faithfully,

Asstt./Dy. Director

Encl. : As state above

Copy for information and necessary action to:

Name of the principal employer : SURESH KUMAR

No. of employees : 20

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY