

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-JUL-24)

(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}

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Name and Address of the Establishment:ASTUTE OUTSOURCING SERVICES PRIVATE LIMITED 139-A/1, MOHAMMAD PUR,BHIKAJI CAMA PLACE,NEW DELHI,DELHI

Establishment Code no:DLCPM0045781000

| | | | | | | 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(l)(f)(ii) | | | | | | | | | |
| NIL | | | | | | | | | |

Verified

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

(ASTUTE OUTSOURCING SERVICES PRIVATE LIMITED)

Signature of employer/authorised official

Stamp of the establishment