EMPLOYEES' PROVIDENT FUND ORGANISATION REGIONAL/SUB-REGIONAL OFFICE

INSPECTION PROFORMA (UNEXEMPTED ESTALBISHMENTS)

DATE OF INSPECTION :

(dd/mm/yyyy)

(dd/mm/yyyy) PERIOD OF INSPECTION: PART-A - OPTIONAL INSPECTIONS (Para 3c) of Inspection Scheme) LIN: 1. Number of employees engaged by the establishment a) Engaged directly: b) Engaged on contract or through a contact c) Excluded employees: Name of different Principal Employers and Number of total employees 2A engaged with them: PF Code No. Name a) b) c) Total ----Add row (if required) 3. Number of employees in respect of whom remittance is made in the month of report. Total: Engaged directly Engaged on contract or through a contractor: 4. Drop in Remittance a) Average drop in amount remitted in Rs. b) Percent drop in remittance: c) Reasons for drop in remittance: *Add detailed explanatory sheet if required:

- a) Average reduction in membership:
- b) Percent drop in membership
- c) Reasons for drop in membership*

*Add detailed explanatory sheet if required

5. Drop in Membership:

i) In case of disagreement submissions/documentary evidence submitted: ii) In case of disagreement, lit of record(s) seized by the Inspector: A: whether the establishment being principal employer has uploaded their (i) work order(ii) contractor details in the principal employer portal of EPFO Yes/No (No enclose the list of contractors not uploaded)
Workers whose statement are recorded during inspection:- Imme of the Worker EPF Account No./UAN Whether agree to reamentioned in para 4 above (Y/N) i) In case of disagreement submissions/documentary evidence submitted ii) In case of disagreement, lit of record(s) seized by the Inspector: A: whether the establishment being principal employer has uploaded their (i) work order(ii) contractor details in the principal employer portal of EPFO Yes/No (No enclose the list of contractors not uploaded) Any other point which the Inspector desires to bring to the notice of RPFC:
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PART-B - MANDATORY INSPECTIONS (Para 3 a) of the Inspection Scher
a) New coverage – Y/MN b) Establishment registered on ECR portal, not marked as closed and not comply Y/N Y/N Y/N
c) Establishments reported for closure – Y/N
10. Number of employees eligible but not enrolled as members of the Fund S.No. Name of the Date of Birth Date of Joini

1 List of pending	Recovery Certificates	s again	st the establishment:	Y/N/NA	
If 'Y' attach detail	s)				
2. List of pending If 'Y' attach detail	assessment cases (S ls)	Section	7A/14B of the Act):	Y/N/NA	
3. List of pending If 'Y' attach detail	g court cases-court wi ls)	se and	I periodicity wise :	Y/N/NA	1= 1
4. List of pending If Y attach details	prosecution cases:			Y/N/NA	
.5. Whether there	e is any short/excess	remitta	ance in establishment	ledger: YES/NO	
Factory/Estab	any member/repressishment were contacted ption of the points dis	ted? If	so:	ers Union of	the
b) Name(s) of	the Union(s)				
c) Name of th	e Office Bearer(s):	ith Par	a 34 of the EPF Sche	me, 1952 not fur	nished
c) Name of th	e Office Bearer(s):	ith Par	a 34 of the EPF Sche	me, 1952 not fur	nished
c) Name of th	e Office Bearer(s):	ith Par	Date of Birth	me, 1952 not fur Date of Joinir	
c) Name of th 17. Declaration F in respect of f S.No.	orm in accordance wifollowing members: Name of				
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c) Name of the 17. Declaration From the in respect of the S.No.	orm in accordance wifollowing members: Name of employee				
c) Name of the 17. Declaration Fin respect of fins. S.No.	orm in accordance wifollowing members: Name of employee				
c) Name of the second of the s	orm in accordance wifollowing members: Name of employee if required	the	Date of Birth	Date of Joinin	
c) Name of the 17. Declaration From the in respect of the S.No. 1 2. Add separate list,	orm in accordance wifollowing members: Name of employee if required	the		Date of Joinin	
c) Name of the 17. Declaration From the in respect of the S.No. 1 2. Add separate list, 18. Any other points.	orm in accordance wifollowing members: Name of employee int which the Inspector	the or desi	Date of Birth res to bring to the not	Date of Joinir	
c) Name of the 17. Declaration From the in respect of the S.No. 1 2. Add separate list, 18. Any other points.	orm in accordance wifollowing members: Name of employee int which the Inspector	the or desi	Date of Birth	Date of Joinir	
c) Name of the second of the s	orm in accordance wifollowing members: Name of employee int which the Inspector orcement Officer	the or desi	Date of Birth res to bring to the not	Date of Joinir	