



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

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para

(1st 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 10000426851.]

Code Number : WBCAL2148608000

1. Name of Establishment : MASKIN WELFARE FOUNDATION
2. Code Number of the Establishment under EPF Scheme : WBCAL2148608000
3. Postal address of the Establishment and its branches : 10A S P MUKHERJEE ROAD,, BHOWANIPORE, KOLKATA, KOLKATA, WEST BENGAL - 700025 [Please see Annexure I]
4. Industry or business in which engaged : OTHERS
5. Date of commencement of business : 31/07/2020
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	State	Position Date
1	Mr. SUVANKAR DEY	07/12/1984	Director	TARUN KANTI DEY	West Bengal	31/07/2020
2	Mr. SANTU DAS	08/04/1991	Director	RAJYA DHAR DAS	West Bengal	31/07/2020
3	Ms. DEBOLINA DEY	16/11/1985	Director	DULAL KUMAR DAS	West Bengal	31/07/2020
4	Mr. ARIJIT ROY	06/10/1987	Director	INDRAJIT ROY	West Bengal	31/07/2020

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

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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10. If registered under Factories Act, particulars of Manager or : N/A