FORM "D"

PARTICULARS OF EMPLOYEES

1.	Name of establishment, estate or land			
	Nature of Business (In the case of estates, or lands give the acreage of each cultivated crop separately)			
3.	Business Registration Number			
4.	Registered address			
5.	Revenue district			
(Name of Proprietor / Lessee (If a limited liability company, the names of all the directors, and if a partnership, the names of all the partners should be given.)			
(a) Address of the Proprietor / Lessee			
(b) Date of ownership of Establishment/Estate/Land				
7.	Name of Manager or Superintendent			
	Total Number of Employees who are fourteen years of age and over	Males	Females	Total
	Total Number of Employees in covered employment			
	Number of Employees in employments other than covered employments			
10.	(a) Date form which one or more employees were engaged or date on which liability to contribute commenced		,	·

11. (a) Is there now a provident fund or a contributory pension scheme in respect of any one or all categories of employees(b) If so, give details of numbers and categories of the categories of					
employees who are covered by such fund or scheme					
12. Have you applied for approval of the fund or scheme referred to in cage 11 under Part IV of the Employees' Provident Fund Act, No. 15 of 1958?					
13. Total number of employees' record cards and certificates or membership forms required					
14. Names of the employees to whom the Act does not apply (Vide regulation 2(2))					
I,					
(name and designation)		do hereby declare that the above			
particulars are correct.					
		Signature of Employer			
Date					