

**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 2588673657.]

Code Number : DSNHP0019627000

1. Name of Establishment : VLCC HEALTH CARE LTD
2. Code Number of the Establishment under EPF Scheme : DSNHP0019627000
3. Postal address of the Establishment and its branches : M-14, GREATER KAILASH-II, NEW DELHI, SOUTH, DELHI - 110048 [Please see Annexure I]
4. Industry or business in which engaged : MEDICAL PRACTITIONERS
5. Date of commencement of business : 23/10/1996
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. AAMIR ZEB	08/07/1990	NON EXECUTIVE DIRECTOR	MUHAMMAD ZUBAIR ALAM	1001, Z-16, 16TH ROAD, BANDRA WEST, MUMBAI - 400050	13/12/2022
2	Mr. VIKAS GUPTA	17/08/1975	MANAGING DIRECTOR	SUBHASH CHAND GUPTA	HOUSE NO 1224 URBAN ESTATE SECTOR 13 KARNAL RURAL PART 1 KARNAL	03/04/2023

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

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

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. VIKAS GUPTA	17/08/1975	MANAGING DIRECTOR	SUBHASH CHAND GUPTA	HOUSE NO 1224 URBAN ESTATE SECTOR 13 KARNAL RURAL PART 1 KARNAL	03/04/2023

Date:Signature of employer \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Designation of Employer \_\_\_\_\_  
Seal of EstablishmentMobile number \_\_\_\_\_

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Signature of employer at serial number of Owners details, if more than one employer.  
Signature of remaining employers:

Signature	Signature
Name _____	Name _____
Signature	Signature
Name _____	Name _____
Signature	Signature
Name _____	Name _____
Signature	Signature
Name _____	Name _____

## ANNEXURE - I

### Details of Branches of the Establishment

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## ANNEXURE - II

### List of Branches having Separate/ Sub Code Number

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## ANNEXURE - III

### Details of Bank Account Number

S No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	KKBK0000172	KOTAK MAHINDRA BANK LIMITED	NEW DELHI - CONNAUGHT PLACE	01722560000734	CURRENT	YES

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 application.

FULL NAME OF THE AUTHORISED SIGNATORY \_\_\_\_\_

Name of Establishment : VLCC HEALTH CARE LTD

Address of the Establishment : M-14, GREATER KAILASH-II, NEW DELHI, SOUTH, DELHI - 110048

Code Number of the : DSNHP0019627000

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 \_\_\_\_\_ ATTESTED

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.