**The Employees’ Deposit Linked-Insurance Scheme, 1976**

FORM 1(IF)

(For exempted establishments only)

(Para 10)

**Consolidated Return of Employees who are Entitled and required to become members of the Insurance Fund on the Date of Scheme Comes into Force**

Name and Address of the Establishment

Date of Coverage

Industry in which the Establishment is Engaged

Registration No. of the Establishment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. No | Account No. as in P.F | Name of Employee  (in block capitals) | Father’s name or Husband’s name (in the case of married woman) | Sex | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |

Date:

Station:

Signature of the Employer or

other Authorised Officer

Note: Remarks for the missing A/c No (i.e. those in respect of employees who had left service etc. should be given at the end)

Stamp of the establishment