

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

Date: 12-Nov-2025

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para 10)

(Ist 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 2529198457.]

Code Number: APHYD1335716000

1. Name of Establishment : HEALING FIELDS FOUNDATION

2. Code Number of the Establishment under EPF : APHYD1335716000

3. Postal address of the Establishment and : 8-2-310/B/18/A A.A VILLA NAVODAYA, COLONY ROAD NO 14

its branches BANJARAHILLS, HYDERABAD, HYDERABAD, TELANGANA - 500034

4. Industry or business in which : COMPANIES/SOCIETIES/ASSC/CLUBS/TROUPES FOR

5. Date of commencement of business : PERFORMANCES

6. Date of closure by previous 29/11/2000

7. Whether run by owner or lessee :

8. Particulars of owners Run by Owner

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Ms. MUKTESHWARI KAUSHIK BOSCO	26/05/1963	SECRETAR Y	MAHESH KAUSHIK	PLOT NO 33, 76, NEAR TV-5 OFFICE, JUBLIEE HILLS, HYDERABAD 5000033	20/11/2020
2	Mr. UTTAM PATEL	05/04/1975	_	DIPAK KUMAR PATEL	S/O DK PATEL, 142, AVENUE 4 STREET 3 ROAD NUMBER 10 BANJARA HILLS KHAIRATABAD,HYDERA BAD 500034	20/11/2020

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

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position
	7				Date

10. If registered under Factories Act, particulars of : N/A

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

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S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Ms. MUKTESHWARI KAUSHIK BOSCO	26/05/1963	SECRETAR Y	MAHESH KAUSHIK	PLOT NO 33, 76, NEAR TV-5 OFFICE, JUBLIEE HILLS, HYDERABAD 5000033	20/11/2020

Date:

ANNEXURE - I

Details of Branches of the Establishment

ANNEXURE - II

List of Branches having Separate/ Sub Code Number

ANNEXURE - III

Details of Bank Account Number

S No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	IBKL0000028	IDBI BANK	BÁNJARA HILLS	028104000230735	SAVING	YES

Copy of cheque of the primary account number: 028104000230735

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(IDBI BANK) JEAN PLAZA, PLOT NO 2/B,D NO 8-2-269/11/A,	Г	VALID	FOR	HREE	IONTH	SOF
AIRAN PLAZA, PLOT NO 2:BANJARA HILLS, HYDERABAD HYDERABAD TELANGANA (INDIA) - 500034 PS CODE : IBKL0000028	L	D D	М	М У	Y	Y
PAY		- 3	या धा	रक को	ORE	BEA
रुपये RUPEES						
्री ७ ० अदा	करें। ₹					
खाता सं 028104000230735 Payable At Par At All IDBI Bank Branches						
180110	H	EALIN	G FI	ELDS F	OUNI lease s	

#123501# 500259003: 002801# 31

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SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online FULL NAME OF THE AUTHORISED SIGNATORY ____ Name of Establishment : HEALING FIELDS FOUNDATION Address of the Establishment: MANASAROVER COMPLEX, SECRETARIAT, ROAD, HYDERABAD, HYDERABAD, HYDERABAD, TELANGANA - 500063 : APHYD1335716000 Code Number of the STATUS OF THE SIGNATORY: # EMPLOYER / AUTHORISED SIGNATORY # Strike whichever is not applicable SPECIMEN SIGNATURE 1. _____ SPECIAL INSTRUCTION, IF ANY _____ SPECIMEN SIGNATURE OF Mr/Ms Signature of employer _____ Name of Employer ____

[] Please tick if "Not Applicable" due to upload of digital signature

Seal of Establishment

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.

Mobile number _____

Designation of Employer

Validity unknown

Date: 2025/11/12 14:09:28 ST
Signed by: MUKTESHWARTHOROUTIK BOSGO

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