FORM A

[See Sub rule (1) and rule (3) of Payment of Gratuity and Central Rule 1972]

Acknowledgement Number: **26102505100841** Date of Submission: **26-10-2025**

Details of Establishment

1. Full Name of Establishment:
2. Full Address of Establishment : **,**
3. LIN of Establishment:
4. PAN of Establishment:

Details of Employer

5. Full Name of Employer:
6. Designation of Employer:
7. Number of Person Employed:
8. Maximum number of person employed on any day during the preceding twelve months with date:
9. Date:
10. Nature of Industry:
11. Number of Employees coverd by the Act:
12. Whether seasonal:
13. Date of opening:

Details of Head Office

14. Full Name of Head Office:

15. Full Address of Head Office : ,

16. Number of Employees:

Details of Branches

I verify that information furnished above is true to the best of my knowledge and belief.

Signature of Employer
SBI RBO III DHAR

Note: This is an online application summary applied on Shram Suvidha Portal.

Submission Office : RLC Bhopal (RLCBHOPAL)

Signature Not Verified

Digitally signed by SBI RBO III DHAR
Date: 2025.10.26 17:39:09 IST