



कर्मचारी भविष्य निधि संगठन
EMPLOYEES' PROVIDENT FUND ORGANISATION

श्रम एवं रोजगार मंत्रालय, भारत सरकार

Ministry of Labour & Employment, Govt. of India

14-भीकाजी कामा प्लेस, नई दिल्ली - 110066

14, Bhavishya Nidhi Bhavan, Bhikaiji Cama Place, New Delhi - 110 066



**Central Analysis & Intelligence Unit
(CAIU)**

Ref. No. / CAIU/058/V-3/2023/1125

Date:

09 MAY 2024

To,

**All ACC(HQ)/ACC in-Charge of Zones,
All OIC's of RO's/DO's.**

**Subject: Generation of Physical Inspections as per "SOP for Inspection of Establishments"
- reg.**

Ref: 1. HO Circular No. CAIU/SOP/2022/(E-47416)/2818 dated 31.07.2023
2. HO Circular No. No. CAIU/SOP/2022/40 dated 04.09.2023

Sir/Madam,

Please refer to HO Circulars mentioned above on the subject vide which the SOP for Inspection of Establishments was implemented in hybrid mode.

2. Having completed the nudging phase of SOP, now Key List-I of defaulting establishments (for Wage Month June-2023) has been uploaded on Shram Suvidha Portal by CAIU (Head Office) as mentioned at Para 5.4 of the Circular dated 31.07.2023 for the purpose of Physical Inspection.

3. Regional Heads of ROs/DOs may generate the required number of Inspections in Shram Suvidha Portal using the following menu:

Inspection > Assign > (enter number) Generate List

After generation of list, the establishments are to be assigned for Physical Inspection as envisaged in the SOP for Inspection of Establishments.

4. You may be aware that, in SOP for Inspection of Establishments, default categories as per Priority Matrix are as under:

- No ECR Filed for the wage month
- Live/Linked UANs with no ECR/NCP days
- Variation in membership
- Variation in contributions
- No compliance from date of Registration
- Part Contribution

It is to be noted that the establishments in Key List - I may have defaulted in multiple categories of the Priority Matrix. For information of category-wise default, the Key List - I is being shared on the official email-id of the Regional Heads (of ROs & DOs) as available on SSP. The list indicates the establishment-wise default categories and parameters of default as per data received from ISD.

5. The following tasks are to be ensured by the Regional Heads/OIC's:

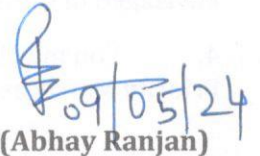
- i. On weekly basis, Regional Head (on SSP) will identify number of Inspectors available for Inspections during the week and generate the list of establishments for Physical Inspection. These establishments will then be allocated to the available Inspector/Squad.

- ii. All Transferred/Superannuated/Converted officials who are no longer in role of an Inspector should be marked as *Inactive* on the portal by Regional Head.
 - iii. Desk Review report of the establishment for which Inspection is assigned should be treated as a pre-condition for such inspections and provided to the Inspector in all cases.
 - iv. All categories of default (as per list received and as per Desk Review Report) in r/o an establishment should be communicated to the Inspector and by the Inspector to the employer in respect of the assigned Inspections.
 - v. Inspection reports should clearly mention the category/categories of default, reasons thereof and outstanding dues in respect of each of the default categories mentioned in the list.
 - vi. Inspection Report Format as in Annexure-C of SOP for Inspection of Establishments (attached herewith) is filled by the Inspector for submitting Inspection Report in all cases. Further, all mandatory fields (marked with *) in the Inspection Report Format should be filled by the Inspector.
 - vii. Inspector completes the Inspection within 5 working days of the assignment and uploads its report within next 48 hours on SSP.
 - viii. Data Cleaning measures such as updation of PAN, Form-5A, DSC, change in Coverage Section/Date, Change in Establishment Name/Address, marking Closure of an establishment, etc. are undertaken by the Compliance Circle concerned.
 - ix. The Quality of the Inspection report must be evaluated to ensure that it meets organizational objectives, addresses the reasons for inspection and is duly supported by documentary evidences.
 - x. Any additional information regarding the compliance pattern of the establishment should also be brought to the notice of the Office by Inspector in the report.
6. All efforts should be undertaken to complete the inspections, generated on SSP, in that calendar month itself.

Any difficulty faced by Field Offices shall be informed to Zonal Office for onward transmission to CAIU(HO) with their comments and proposed solutions so that further improvement in the system could be contemplated at the end of HO.

(issued with the approval of CPFC)

Yours faithfully,


09/05/24
(Abhay Ranjan)

Additional Central P.F. Commissioner

Copy for information to:

1. PS to CPFC
2. PS to FA & CAO/ACC(HQ) IS / CVO
3. PS to All ACC(HQ)/ACCs at Head Office
4. Director, PDUNASS/RPFCs in-charge of ZTIs
5. All Officers at Head Office
6. DD(OL): for providing Hindi version
7. Guard file

Inspection Report Format

Shram Suvidha Portal Ministry of Labour and Employment

Establishment Profile Part A - Basic Particulars

Inspection ID generated by SSP:

Date & Time of inspection:

LIN:

EPF No.	ESIC No. (if available)	PAN*	Bank Account(s) details with IFSC Code (<i>attach copy of cancelled cheque</i>)*

Name of the establishment:	
E-mail(s)	
Mobile No.	
PresentAddressLine1:	
PresentAddressLine2:	
City/Village:	
Pin Code:	
State:	
District:	
Police Station	
Geo-tagging of establishment's location*:	
Photo of the establishment*	
Details of Branches/Parent company of Establishment*	
Nature of Activity/work (link with NIC Code/SSP Industry Classification)*	
Details of employer/ his representative present during inspection:	
Name	
Designation	
Email I.D.	
Mobile No	
Present Address	
PresentAddressLine1:	
PresentAddressLine2:	
City/Village:	
Pin Code:	
State:	
District:	

Report of Desk review	Enclosed (Y/N)
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Part B
Documents verified/collected during Inspection*

Registers produced and checked	Period From - To	Remarks
Register of Employee Form A-- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Register of wages Form B -- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Attendance Register Form D -- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Details of Appointment/ Relieving& Past Employment (Form 5/10& 11)	<i>DDMMYYYY- DDMMYYYY</i>	
Register of Contractors-- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
International Worker Return-- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Trial Balance-- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Balance sheet and Annexure-- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Tax Returns of establishment for specified period	<i>DDMMYYYY- DDMMYYYY</i>	
Form 24Q, Form 26 Q and Form 26 AS of establishment-- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Bank statement-- (Yes/No);	<i>DDMMYYYY- DDMMYYYY</i>	
Form 5A and Details of authorised signatory/DSC (if not already submitted)	<i>DDMMYYYY- DDMMYYYY</i>	
Others--(Please Specify)	<i>DDMMYYYY- DDMMYYYY</i>	

Part C

I. Reason for inspection – (Complaint/Periodic/Default Category as per SOP/ABRY/Closure/etc.)

II. Compliance Status in latest ECR

Last Contributory Wage Month (LCWM)	
UANs in LCWM	
Amount remitted in LCWM	

III. Default details

Default Period	
Probable UANs in Default	
Probable Amount in Default	

IV. Inspection

1	Number of employees as per record: *										
	Engaged Directly* [A]	Engaged on contract or through a contractor* [B]	Excluded employees* [C]	Total Employees* [E] A+B+C							
	Whether the establishment is a Principal Employer: If yes, the details of contractors:										
	Name of contractor & Address *	EPF Code number of contractor*	Duration of contract*	Total contract value*	No of employees engaged*	ECR filed (Y/N) *					
	<i>(add rows for multiple entries)</i>										
	Whether the establishment is a contractor: If yes, the details of Principal Employers:										
	Name of PE & Address*	EPF Code number of PE (if covered) *	Duration of contract*	Total contract value*	No of employees provided*	Whether separate ECR filed (Y/N) *					
	<i>(add rows for multiple entries)</i>										
2	Total number of employees found eligible but not enrolled as members: (enter number) *										
	Particulars of employees found eligible but not enrolled as members:										
	S. No. *	Name of Employee *	Gend er*	Id card type and number *	Aadhaar Number	Father's Name*	Date of Birth*	Date of Joining*	Monthly Wages*	Aadhaar linked mobile no.	UAN (if generated/linke during the course of inspection)
	<i>(add rows for multiple entries)</i>										

3	Declaration for previous employment in accordance with Para 34 of the EPF Scheme 1952, not furnished in respect of following members:*									
	S. No.	Name of the employees			Date of Birth	Date of Joining	Wage as on DOJ			
4	Details of Employees whose statement are recorded during inspection:- *									
	S. No.	Name of the Employees				UAN				
5	Number of employees in respect of whom remittance is made in the month of report									
	Engaged Directly*			Engaged on contract or through a contractor*						
6	Drop in Membership:*									
	a) Average reduction in Membership.									
	b) Percent drop in Membership.									
	c) Reasons for drop in Membership.									
7	Drop in Remittance:*									
	a) Average drop in amount remitted in:									
	b) Percent drop in remittance:									
	c) Reasons for drop in remittance.									
8	A. Dues report (Month-wise)*									
	Period	No. of employees	Wages	Contributions & admin charges due			Amount remitted	Balance Due		
				EPF	EPS	EDLI	Admin Charges	Total		
B. UAN wise detailed sheet to be enclosed*										
9	A. Whether the unit is closed*? (Yes/No)									
	B. If Yes, whether the documentary proof uploaded by the employer?* (Yes/No)									
	C. If Yes, the date of closure and details of documents verified including verification of exit details of all employees in the unified portal.									
	D. Whether minimum admin charges is due*.(Yes/No)									
	E. If yes, whether remitted?* (details of TRRN)									
10	A. In case of first inspection post registration, whether the documents in support of commencement of business / production and monthly employment strength declared for registration / coverage verified? (Yes/No) *									
	B. If Yes, Is there any change in date of coverage proposed & documentary proof thereof									
11	Whether any member /representative of the Workers Union of the Factory / Establishment were contacted? If so:									
	1.	Brief description of the points discussed:								

	2.	Name (s) of the Union (s):	
	3.	Name of the Office Bearer (s):	
12	Documents attached to inspection form by Inspecting Officer: (a) (b)		
13	List of pending recovery certificate against the establishment: (Y/N/NA)(if Y,Auto-Populated/Editable)		
14	List of pending assessment cases (Section 7A/14B of the EPF Act): Y/N/NA (if Y,Auto-Populated/Editable)		
15	List of pending Court cases - Court wise and Periodicity wise: Y/N/NA (if Y,Auto-Populated/Editable)		
16	Whether there is any short/ excess remittance in establishment ledger: Y/N/NA (if Y,Auto-Populated/Editable)		
17	List of pending Prosecution cases: Y/N/NA (if Y,Auto-Populated/Editable)		
18	Details of current demand		Auto-Populated/Editable
19	Details of arrears demand		Auto-Populated/Editable
20	Any other point which the Inspector desires to bring to the notice of RPFC*:		

*(Note: Fields marked with * are to be filled mandatorily by the Inspecting official)*

Date:

Signature of Inspecting Official:

Name & Seal of Inspecting Official:

Copy to:

M/s _____ *(for information, records and necessary compliance)*