FORM No 5A

Date :23-Oct-2025

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

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 1655029850.]

Code Number : KNMYS0022199000

1. Name of Establishment : JSS COLLEGE FOR WOMEN

2. Code Number of the Establishment under EPF : KNMYS0022199000

3. Postal address of the Establishment and its branches : SARASWATHI PURAM, SARASWATHIPURAM, MYSORE, MYSORE, KARNATAKA - 570009 [Please see Annexure I]

4. Industry or business in which : UNIVERSITY

5. Date of commencement of business : 15/01/1970

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. DR. RECHANNA	20/07/1962	INCHARGE PRINCIPAL	SIDDAPPA	NO 1 PUNYADHAMA 13TH BLOCK 4TH MAIN ROAD 7-A CROSS SHAKTHINAGAR MYSURU	30/10/2024

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

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

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. DR. RECHANNA	20/07/1962	INCHARGE PRINCIPAL	SIDDAPPA	NO 1 PUNYADHAMA 13TH BLOCK 4TH MAIN ROAD 7-A CROSS SHAKTHINAGAR MYSURU	30/10/2024

Date:

Signature of employer

Name of Employer Dr. RECHANNA

Designation of Employer

Seal of Establishment

Mobile number 9480057463

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

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____