



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

## EMPLOYEES' PENSION SCHEME 1995 (Please refer Para )

## EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para 10)

## (1st 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 10000110611.]

Code Number : GRGNT1710208000

1. Name of Establishment : TRANSMISSION CORPORATION OF ANDHRA PRADESH LIMITED
2. Code Number of the Establishment under EPF : GRGNT1710208000
3. Postal address of the Establishment and its branches : RAMAVARAPPADU RING GUNADALA, VIJAYAWADA, VIJAYAWADA, KRISHNA, ANDHRA PRADESH - 520004
4. Industry or business in which : ELECTRICITY (G,T,D)
5. Date of commencement of business : 12/12/2017
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	Ms. MALLESWARI NARRA	01/06/1968	SENIOR ACCOUNT S OFFICER	RAJIAH NARRA	GUNTUR	21/11/2022

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

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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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	Ms. MALLESWARI NARRA	01/06/1968	SENIOR ACCOUNT S OFFICER	RAJIAH NARRA	GUNTUR	21/11/2022

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**

<b>S No.</b>	<b>IFSC CODE</b>	<b>BANK NAME</b>	<b>BRANCH NAME</b>	<b>ACCOUNT NO</b>	<b>ACCOUNT TYPE</b>	<b>PRIMARY ACCOUNT</b>
1	SBIN0016576	STATE BANK OF INDIA	SPECIALISED MID CORPORATE BRANCH,	52117469736	CURRENT	YES

**Copy of cheque of the primary account number : 52117469736**