



EMPLOYEES' PROVIDENT FUND ORGANISATION ,INDIA
APPLICATION FOR OBTAINING CERTIFICATE OF COVERAGE

(To BE FILLED IN BLOCK LETTERS ONLY) REFERENCE No. **20323032100006381881**

DETAILS OF THE EMPLOYEE:

NAME: RAJESH PABBISETTY	DATE OF BIRTH: 13/11/1986
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100907929698	AADHAAR NUMBER: 708032682915
PERMANENT ADDRESS: 26-4-2516, OPP-DEEPTHI SCHOOL, MELAPUR, HINDUPUR, ANANTAPUR, PIN-515201, ANDHRA PRADESH, INDIA ANANTAPUR BANGALORE ANDHRA PRADESH 515201	EMAIL ID /CONTACT PHONE NUMBER: rajeshp.cse@gmail.com 7075365551

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER: R4561479	DATE OF ISSUE: 21/08/2017
PLACE OF ISSUE: VIJAYAWADA	VALID UPTO: 20/08/2027

FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO

DETAILS OF THE PRESENT EMPLOYER IN INDIA:

ESTABLISHMENT NAME: HCL TECHNOLOGIES LIMITED	ESTABLISHMENT PF CODE NO: GNGGN0005572000
ESTABLISHMENT ADDRESS: PLOT NO. 3, UDYOG VIHAR, PHASE-I, GURGAON, GURGAON, HARYANA, 122016	EMAIL ID /CONTACT PHONE NUMBER: pabbisettyr@hcl.com
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	INDUSTRY
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	NETHERLANDS
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 02/04/2021 TO(DD/MM/YYYY) : 31/03/2026

DETAILS OF THE EMPLOYER & PLACE OF WORK IN COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE GOING TO WORK :

NAME(S) AND ADDRESS OF FIRM/ESTABLISHMENT/SHIP: HCL TECHNOLOGIES BV 24, BIJLMERDREEF, AMSTERDAM, NOORD-HOLLAND (08), 1102CT, NETHERLANDS	EMAIL ID /CONTACT PHONE NUMBER: - 0
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	INDUSTRY

Joint undertaking by the employer and employee:

We hereby undertake that :

The employer shall continue to contribute in respect of this employee in India during the period of posting abroad during which time the employer-employee relationship shall be maintained. The employer shall inform EPFO about any change in the employment status/secondment of the posted employee during the currency of this certificate. The Employee shall inform EPFO, about any loss/theft of this Certificate. The Employee and Employer shall be jointly and separately responsible for the misuse of any kind, of the Certificate of Coverage, If any.

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Signature of Employee with Date

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Signature of Employer with Date and Stamp