



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

(To BE FILLED IN BLOCK LETTERS ONLY)

REFERENCE No. 31502081800006138429

DETAILS OF THE EMPLOYEE:

NAME: MOHAMMAD SAJD	DATE OF BIRTH: 25/07/1989
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100948905570	AADHAAR NUMBER: 365116036327
PERMANENT ADDRESS: 4-217-6, BANTUMILLI ROAD, NEAR THULASI THEATRE, VEERABHADRA PURAM, PEDANA KRISHNA PEDANA ANDHRA PRADESH 521366	EMAIL ID /CONTACT PHONE NUMBER: ms00484606@techmahindra.com 8688157696

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER: Z2312170	DATE OF ISSUE: 19/08/2013
PLACE OF ISSUE: HYDERABAD	VALID UPTO: 18/08/2023

FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO

DETAILS OF THE PRESENT EMPLOYER IN INDIA:

ESTABLISHMENT NAME: M/S.TECH MAHINDRA LTD	ESTABLISHMENT PF CODE NO: PUPUN0034224000
ESTABLISHMENT ADDRESS: SHARDA CENTRE OFF., KARVE ROAD, ERANDWANE, PUNE, PUNE, MAHARASHTRA, 411004	EMAIL ID /CONTACT PHONE NUMBER: ms00484606@techmahindra.com
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	INDUSTRY
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	CANADA
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 01/10/2018 TO(DD/MM/YYYY) : 30/09/2019

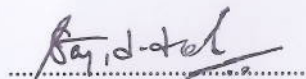
DETAILS OF THE EMPLOYER & PLACE OF WORK IN COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE GOING TO WORK :

NAME(S) AND ADDRESS OF FIRM/ESTABLISHMENT/SHIP: TECH MAHINDRA LIMITED C/O THE BANK OF NOVASCOITIA.1960,2ND FLOOR,EGLINTON AVENUE EAST,SCARBOROUGH,ONTARIO	EMAIL ID /CONTACT PHONE NUMBER: ms00484606@techmahindra.com 8688157696
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.



Signature of Employee with Date

02/08/2018

Signature of Employer with Date and Stamp