



**EMPLOYEES' PROVIDENT FUND ORGANISATION ,INDIA**  
**APPLICATION FOR OBTAINING CERTIFICATE OF COVERAGE (EXTENSION OF PERIOD)**

(To BE FILLED IN BLOCK LETTERS ONLY )		REFERENCE No. <b>41016122100006429670</b>
<b>DETAILS OF THE EMPLOYEE:</b>		
NAME: <b>SAI KRISHNA VELPULA</b>	DATE OF BIRTH: <b>16/06/1984</b>	
GENDER: <b>MALE</b>	NATIONALITY: <b>INDIAN</b>	
UAN: <b>100068046318</b>	AADHAAR NUMBER: <b>203665224845</b>	
PERMANENT ADDRESS: <b>40-6-5 (16), KAMMA PALEM, 3RD LINE, ONGOLE PRAKASAM ANDHRA PRADESH 523001</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>sai.velpula@cognizant.com 6470267488</b>	
<b>FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO</b>		
<b>PASSPORT DETAILS:(Copy of passport to be enclosed)</b>		
PASSPORT NUMBER: <b>M4705858</b>	DATE OF ISSUE: <b>23/12/2014</b>	
PLACE OF ISSUE: <b>HYDERABAD</b>	VALID UPTO: <b>22/12/2024</b>	
<b>DETAILS OF THE PRESENT EMPLOYER IN INDIA:</b>		
ESTABLISHMENT NAME: <b>COGNIZANT TECHNOLOGY SOLUTIONS INDIA PRIVATE LTD</b>	ESTABLISHMENT PF CODE NO: <b>TNMA50031309000</b>	
ESTABLISHMENT ADDRESS: <b>NEW NO.165 MENON ETERNITY BUILDING, ST.MARYS ROAD ALWARPET, CHENNAI, CHENNAI, TAMIL NADU, 600018</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>ssacoc2@cognizant.com</b>	
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	<b>TRADE SERVICE</b>	
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	<b>AUSTRALIA</b>	
<b>WORK PERMIT DETAILS</b>	COC NUMBER : <b>AU/MAS/311828</b>  FROM(DD/MM/YYYY): <b>03/02/2020</b>  TO(DD/MM/YYYY) : <b>02/02/2022</b>	
<b>WORK PERMIT DETAILS FOR EXTENDED PERIOD</b>	FROM(DD/MM/YYYY): <b>03/02/2022</b>  TO(DD/MM/YYYY) : <b>02/02/2023</b>	
<b>DETAILS OF THE EMPLOYER &amp; PLACE OF WORK IN COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE GOING TO WORK :</b>		
NAME(S) AND ADDRESS OF FIRM/ESTABLISHMENT/SHIP: <b>COGNIZANT TECHNOLOGY SOLUTIONS MELBOURNE: LEVEL 6, 15 WILLIAM STREET, MELBOURNE, VICTORIA, 3000</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>ssacoc2@cognizant.com 6470267488</b>	
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	<b>TRADE SERVICE</b>	

**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

.....  
Signature of Employer with Date and Stamp