



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

(To BE FILLED IN BLOCK LETTERS ONLY)		REFERENCE No. 20311032500006701221	
DETAILS OF THE EMPLOYEE:			
NAME: ABHISHEK PANDEY		DATE OF BIRTH: 20/05/1985	
GENDER: MALE		NATIONALITY: INDIAN	
UAN: 100073236797		AADHAAR NUMBER: 256987580256	
PERMANENT ADDRESS: H. NO. 1528, SAYA ZION, GAUR CITY1, GC 6/11, GH01, TOWER G, GREATER NOIDA, GAUTAM BUDDHA NAGAR, 201009, UTTAR PRADESH GAUTAM BUDDHA NAGAR		EMAIL ID /CONTACT PHONE NUMBER: pandeychef@gmail.com 8826693579	
PASSPORT DETAILS:(Copy of passport to be enclosed)			
PASSPORT NUMBER: Z5818807		DATE OF ISSUE: 03/12/2019	
PLACE OF ISSUE: GHAZIABAD		VALID UPTO: 02/12/2029	
FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : YES			
Sl.No	Name	Date of Birth	Relation with Employee
1	ARADHYA PANDEY	14-05-2013	DAUGHTER
2	HARITA BHARADWAJ	06-07-1989	WIFE
3	HRIDAY PANDEY	28-07-2020	SON
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: -	
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): 22/03/2025 TO(DD/MM/YYYY) : 21/03/2028	
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 PRINSES BEATRIXLAAN 532, UNIT C06.01, 2595 BM, S- GRAVENHAGE		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.

[Signature]
11/03/2025



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 11/03/2025
Signature of Employee with Date

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Signature of Employer with Date and Stamp