



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

(To BE FILLED IN BLOCK LETTERS ONLY)		REFERENCE No. 20311032500006701288	
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 BUDHA NAGAR,201009, UTTAR PRADESH GAUTAM BUDDHA		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	HARITA BHARADWAJ	06-07-1989	WIFE
2	HRIDAY PANDEY	28-07-2020	SON
3	ARADHYA PANDEY	14-05-2013	DAUGHTER
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 WORLD TRADE CENTRE, TOWER C 6TH FLOOR, PRINSES BEATRIXLAAN 532 , 2595 BM DEN HAAG		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.



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

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REFERENCE No. **20311032500006701288**

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Signature of Employee with Date

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Signature of Employer with Date and Stamp