



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

(To BE FILLED IN BLOCK LETTERS ONLY)		REFERENCE No. 41009021800006090220
DETAILS OF THE EMPLOYEE:		
NAME: CHAITALY SUBHASH NAVARE	DATE OF BIRTH: 07/03/1992	
GENDER: FEMALE	NATIONALITY: INDIAN	
UAN: 100595183149	AADHAAR NUMBER: 585355445532	
PERMANENT ADDRESS: UDAY NIWAS NB/D6, NEW BALAJI NAGAR AURANGABAD AURANGABAD MAHARASHTRA 431001	EMAIL ID /CONTACT PHONE NUMBER: chaitalysubhash.navare@cognizant.com 7588639966	
PASSPORT DETAILS:(Copy of passport to be enclosed)		
PASSPORT NUMBER: N3130113	DATE OF ISSUE: 16/09/2015	
PLACE OF ISSUE: MUMBAI	VALID UPTO: 15/09/2025	
FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO		
DETAILS OF THE PRESENT EMPLOYER IN INDIA:		
ESTABLISHMENT NAME: COGNIZANT TECHNOLOGY SOLUTIONS INDIA PRIVATE LTD	ESTABLISHMENT PF CODE NO: TNMA0031309000	
ESTABLISHMENT ADDRESS: NEW NO.165 MENON ETERNITY BUILDING, ST.MARYS ROAD ALWARPET, CHENNAI, CHENNAI, TAMIL NADU, 600018	EMAIL ID /CONTACT PHONE NUMBER: ssacoc2@cognizant.com	
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	TRADE SERVICE	
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GONING TO WORK	GERMANY	
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 16/03/2018 TO(DD/MM/YYYY): 15/03/2019	
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: COGNIZANT TECHNOLOGY SOLUTIONS GMBH TORHAUS WESTHAFEN, SPEICHERSTRASSE 57-59, 60327 FRANKFURT AM MAIN GERMANY	EMAIL ID /CONTACT PHONE NUMBER: ssacoc2@cognizant.com 7588639966	
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	TRADE SERVICE	

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

