



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

(To BE FILLED IN BLOCK LETTERS ONLY )		REFERENCE No. 41009021800006090220
<b>DETAILS OF THE EMPLOYEE:</b>		
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	
<b>PASSPORT DETAILS:(Copy of passport to be enclosed)</b>		
PASSPORT NUMBER: N3130113	DATE OF ISSUE: 16/09/2015	
PLACE OF ISSUE: MUMBAI	VALID UPTO: 15/09/2025	
<b>FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO</b>		
<b>DETAILS OF THE PRESENT EMPLOYER IN INDIA:</b>		
ESTABLISHMENT NAME: COGNIZANT TECHNOLOGY SOLUTIONS INDIA PRIVATE LTD	ESTABLISHMENT PF CODE NO: TNMAS0031309000	
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	
<b>WORK PERMIT DETAILS</b>	FROM(DD/MM/YYYY): 16/03/2018 TO(DD/MM/YYYY): 15/03/2019	
<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: 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.

Signature of Employee with Date

Signature of Employer with Date and Stamp