



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

(To BE FILLED IN BLOCK LETTERS ONLY ) REFERENCE No. 31013022300006529649

DETAILS OF THE EMPLOYEE:

NAME: <b>DIPEN KUMAR BHADRA</b>	DATE OF BIRTH: <b>01/01/1980</b>
GENDER: <b>MALE</b>	NATIONALITY: <b>INDIAN</b>
UAN: <b>100640650230</b>	AADHAAR NUMBER: <b>793968892140</b>
PERMANENT ADDRESS: <b>ANANDALOK 4TH LANE, BABLATALA, AIRPORT, PO - RAJARHAT GOPALPUR, NORTH 24 PARAGANAS KOLKATA 700136 NORTH TWENTY FOUR PARGANAS KOLKATA WEST</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>dip.bhadra@gmail.com 9836489700</b>

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER: <b>P6758807</b>	DATE OF ISSUE: <b>03/01/2017</b>
PLACE OF ISSUE: <b>KOLKATA</b>	VALID UPTO: <b>02/01/2027</b>

FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO

DETAILS OF THE PRESENT EMPLOYER IN INDIA:

ESTABLISHMENT NAME: <b>TATA CONSULTANCY SERVICES LIMITED</b>	ESTABLISHMENT PF CODE NO: <b>MHBAN0048475000</b>
ESTABLISHMENT ADDRESS: <b>11TH FLOOR, AIR INDIA BUILDING, NARIMAN POINT, MUMBAI CITY, MUMBAI, MAHARASHTRA, 400021</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>corporate.socialsecurity@tcs.com</b>
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	<b>INDUSTRY</b>
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	<b>NETHERLANDS</b>
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): <b>08/03/2023</b> TO(DD/MM/YYYY) : <b>07/03/2024</b>

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: <b>TATA CONSULTANCY SERVICES NETHERLANDS B.V. SYMPHONY TOWERS, 20TH FLOOR GUSTAV MAHLERPLEIN 85-91, AMSTERDAM 1082 MS, NETHERLANDS.</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>corporate.socialsecurity@tcs.com 2263716307</b>
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	<b>INDUSTRY</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

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Signature of Employer with Date and Stamp