



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

REFERENCE No. 31013022300006529649

(To BE FILLED IN BLOCK LETTERS ONLY)

DETAILS OF THE EMPLOYEE:

NAME: **DIPEN KUMAR BHADRA**

DATE OF BIRTH: **01/01/1980**

GENDER: **MALE**

NATIONALITY: **INDIAN**

UAN: **100640650230**

AADHAAR NUMBER: **793968892140**

PERMANENT ADDRESS:

**ANANDALOK 4TH LANE, BABLATALA, AIRPORT, PO -
RAJARHAT GOPALPUR, NORTH 24 PARAGANAS KOLKATA
700136 NORTH TWENTY FOUR PARGANAS KOLKATA WEST**

EMAIL ID /CONTACT PHONE NUMBER:

**dip.bhadra@gmail.com
9836489700**

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER: **P6758807**

DATE OF ISSUE: **03/01/2017**

PLACE OF ISSUE: **KOLKATA**

VALID UPTO: **02/01/2027**

FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : **NO**

DETAILS OF THE PRESENT EMPLOYER IN INDIA:

ESTABLISHMENT NAME: **TATA CONSULTANCY SERVICES LIMITED**

ESTABLISHMENT PF CODE NO: **MHBAN0048475000**

ESTABLISHMENT ADDRESS:

**11TH FLOOR, AIR INDIA BUILDING, NARIMAN POINT,
MUMBAI CITY, MUMBAI, MAHARASHTRA, 400021**

EMAIL ID /CONTACT PHONE NUMBER:

corporate.socialsecurity@tcs.com

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): **08/03/2023**

TO(DD/MM/YYYY) : **07/03/2024**

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:

**TATA CONSULTANCY SERVICES NETHERLANDS B.V.
SYMPHONY TOWERS, 20TH FLOOR GUSTAV MAHLERPLEIN
85-91, AMSTERDAM 1082 MS, NETHERLANDS.**

EMAIL ID /CONTACT PHONE NUMBER:

**corporate.socialsecurity@tcs.com
2263716307**

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.

Dipen Kumar Bhadra 13/Feb/2023

Signature of Employee with Date

Signature of Employer with Date and Stamp