



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

(To BE FILLED IN BLOCK LETTERS ONLY)	REFERENCE No. 31011042300006544748
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, RAJARHAT GOPALPUR NORTH TWENTY FOUR PARGANAS KOLKATA WEST BENGAL 700136	EMAIL ID /CONTACT PHONE NUMBER: dipen.bhadra@tcs.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): 09/03/2023 TO(DD/MM/YYYY) : 25/01/2026
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 LIMITED 11TH FLOOR, AIR INDIA BUILDING, NARIMAN POINT, MUMBAI CITY, MUMBAI, MAHARASHTRA, 400021	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.

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Signature of Employee with Date

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Signature of Employer with Date and Stamp