



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

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| (To BE FILLED IN BLOCK LETTERS ONLY) | REFERENCE No. 31014031900006200570 |
| DETAILS OF THE EMPLOYEE: | |
| NAME: GUNJANDEEP BHATIA | DATE OF BIRTH: 16/01/1981 |
| GENDER: FEMALE | NATIONALITY: INDIAN |
| UAN: 100157236754 | AADHAAR NUMBER: 0 |
| PERMANENT ADDRESS: 11-A NORTH WEST AVENUE ROAD PUNJABI BAGH NEW DELHI WEST NEW DELHI DELHI 110026 | EMAIL ID /CONTACT PHONE NUMBER: gunjan.dbhatia@tcs.com 9810966161 |
| PASSPORT DETAILS:(Copy of passport to be enclosed) | |
| PASSPORT NUMBER: Z2960832 | DATE OF ISSUE: 22/09/2014 |
| PLACE OF ISSUE: NEW DELHI | VALID UPTO: 21/09/2024 |
| 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 | CANADA |
| WORK PERMIT DETAILS | FROM(DD/MM/YYYY): 01/01/2019 TO(DD/MM/YYYY) : 20/09/2024 |
| 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 CANADA INC. 400 UNIVERSITY AVE. 25TH FLOOR, TORONTO, ONTARIO M5G 1S5 | EMAIL ID /CONTACT PHONE NUMBER: corporate.socialsecurity@tcs.com 912267791878 |
| 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