



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

(To BE FILLED IN BLOCK LETTERS ONLY) REFERENCE No. 31012111800006164806

DETAILS OF THE EMPLOYEE:

NAME:TATA CONSULTANCY SERVICES	DATE OF BIRTH: 10/09/1989
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100411182431	AADHAAR NUMBER: 593033093395
PERMANENT ADDRESS: 5/150A, SATHYAPURAM ROAD,CHETTIKULAM TIRUNELVELI CHENNAI TAMIL NADU 627120	EMAIL ID /CONTACT PHONE NUMBER: king4vivek@gmail.com 7667120495

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER:P7532109	DATE OF ISSUE: 04/03/2017
PLACE OF ISSUE: CHENNAI	VALID UPTO: 03/03/2027

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: -
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	INDUSTRY
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	GERMANY
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 01/10/2018 TO(DD/MM/YYYY) : 30/09/2019

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: ITERGO INFORMATIONSTECHNOLOGIE GMBH ERGO-PLATZ 1, 40477 DÜSSELDORF, GERMANY	EMAIL ID /CONTACT PHONE NUMBER: - 492114770
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