



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

(To BE FILLED IN BLOCK LETTERS ONLY)		REFERENCE No. 31016092200006492361	
DETAILS OF THE EMPLOYEE:			
NAME: BINAY KUMAR		DATE OF BIRTH: 25/04/1986	
GENDER: MALE		NATIONALITY: INDIAN	
UAN: 100114880966		AADHAAR NUMBER: 932209078878	
PERMANENT ADDRESS: AMBEDKAR PURI, LOHSINGNA ROAD HAZARIBAG JHARKHAND 825301		EMAIL ID /CONTACT PHONE NUMBER: binay.kumar@tcs.com 9830527052	
PASSPORT DETAILS:(Copy of passport to be enclosed)			
PASSPORT NUMBER: L7851176		DATE OF ISSUE: 12/03/2014	
PLACE OF ISSUE: RANCHI		VALID UPTO: 11/03/2024	
FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : YES			
Sl.No	Name	Date of Birth	Relation with Employee
1	ANUPAMA GAUTAM	31-08-1987	WIFE
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): 01/10/2022 TO(DD/MM/YYYY) : 11/03/2024	
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 CANADA INC. 400 UNIVERSITY AVE. 25TH FLOOR, TORONTO, ONTARIO M5G 1S5		EMAIL ID /CONTACT PHONE NUMBER: corporate.socialsecurity@tcs.com 2263716306	
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

Signature of Employer with Date and Stamp