

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

(To BE FILLED IN BLOCK LETTERS ONLY)			REFERENCE No. 31014092200006491691	
DETAI	LS OF THE EMPLOYEE:			
NAME:BINAY KUMAR			DATE OF BIRTH: 25/04/1986	
GENDER: MALE			NATIONALITY: INDIAN	
UAN: 100114880966			AADHAAR NUMBER: 932209078878	
PERMANENT ADDRESS: HOUSE 85 AMBEDKAR PURI, LOHSINGNA ROAD HAZ HAZARIBAG JHARKHAND 825301			EMAIL ID /CONTACT PHONE NUMBER: binay.kumar@tcs.com 9830527052	
PASSP	ORT DETAILS:(Copy of passport to b	e enclos	ed)	
PASSPORT NUMBER:L7851176			DATE OF ISSUE: 12/03/2014	
PLACE OF ISSUE: RANCHI			VALID UPTO: 12/03/2024	
FAMIL	Y MEMBERS ACCOMPANYING THE	EMPLOY	EE : YES	
Sl.No	Name		Date of Birth	Relation with Employee
1	ANUPAMA GAUTAM		31-08-1987	WIFE
DETAI	LS OF THE PRESENT EMPLOYER IN IN	NDIA:		
ESTABLIS	HMENT NAME: TATA CONSULTANCY SERVICES	S 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) EMPLOYEE IS GOING TO WORK		A) WHERE	CANADA	
WORK PERMIT DETAILS			FROM(DD/MM/YYYY): 01/10/2022	
			TO(DD/MM/YYYY) : 11/03/2024	
	LS OF THE EMPLOYER & PLACE OF V INDIA) WHERE GOING TO WORK :	VORK IN	COUNTRY (HA	VING SOCIAL SECURITY AGREEMENT
NAME(S) AND ADDRESS OF FIRM/ESTABLISHMENT/SHIP: TATA CONSULTANCY SERVICES CANADA INC. TATA CONSULTANCY SERVICES CANADA INC.400 UNIVERSITY AVE. 25TH FLOOR, TORONTO, ONTARIOM5		IOM5G	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 reletionship 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.

Binay Kumar



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

(To BE FILLED IN BLOCK LETTERS ONLY) REFERENCE No. 31014092200006491691

Signature of Employee with Date

Signature of Employer with Date and Stamp

BINAY KUMAR 14-09-2022