



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

(To BE FILLED IN BLOCK LETTERS ONLY) REFERENCE No. 31026082200006487629

DETAILS OF THE EMPLOYEE:

NAME: BINAY KUMAR	DATE OF BIRTH: 25/04/1986
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100114880966	AADHAAR NUMBER: 0
PERMANENT ADDRESS: AMBEDKAR PURI, LOHSINGNA ROADHAZARIBAG HAZARIBAG HAZARIBAG JHARKHAND 825301	EMAIL ID /CONTACT PHONE NUMBER: binay.25sep@gmail.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 : 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	CANADA
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 15/07/2022 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: MANULIFE 200 BLOOR STREET EASTTORONTO, ONTARIOCANADA M4W 1E5	EMAIL ID /CONTACT PHONE NUMBER: - 0
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.

.....
Signature of Employee with Date

.....
Signature of Employer with Date and Stamp