

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

(To BE FILLED IN BLOCK LETTERS ONLY )			REFERENCE No. <b>31007092200006489993</b>		
DETAI	LS OF THE EMPLOYEE:				
NAME:BINAY KUMAR			DATE OF BIRTH: <b>25/04/1986</b>		
GENDER: MALE			NATIONALITY: INDIAN		
UAN: 100114880966			AADHAAR NUMBER: <b>932209078878</b>		
AMBED	IENT ADDRESS: DKAR PURI, LOHSINGNA ROAD, HAZARIBAG IBAG JHARKHAND 825301	i	EMAIL ID /CONTACT PHONE NUMBER: binay.kumar@tcs.com 9830527052		
PASSP	PORT DETAILS:(Copy of passport to b	e enclos	ed)		
PASSPORT NUMBER:L7851176			DATE OF ISSUE: 12/03/2014		
PLACE OF ISSUE: RANCHI			VALID UPTO: <b>11/03/2024</b>		
FAMIL	LY MEMBERS ACCOMPANYING THE I	EMPLOYI	EE : YES		
SI.No	Name		Date of Birth	Relation with Employee	
1	ANUPAMA GAUTAM		31-08-1987	WIFE	
DETAI	LS OF THE PRESENT EMPLOYER IN IN	NDIA:	1		
ESTABLIS	SHMENT NAME: TATA CONSULTANCY SERVICES	S LIMITED	ESTABLISHMENT PF	CODE NO: <b>MHBAN0048475000</b>	
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): <b>23/09/2022</b>		
			TO(DD/MM/YYYY) : <b>11/03/2024</b>		
	LS OF THE EMPLOYER & PLACE OF VINDIA) 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. 400 UNIVERSITY AVE. 25TH FLOOR, TORONTO, ONTARI M5G 1S5		ITARIO	EMAIL ID /CONTACT PHONE NUMBER: - 0		
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):			INDUSTRY		
400 UNIVERSITY AVE. 25TH FLOOR, TORONTO, ONTA M5G 1S5		ITARIO			

## 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 07/09/2022



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Signature of Employee with Date

Signature of Employer with Date and Stamp

BINAY KUMAR 07/09/2022