



EMPLOYEES' PROVIDENT FUND ORGANISATION ,INDIA
APPLICATION FOR OBTAINING CERTIFICATE OF COVERAGE (EXTENSION OF PERIOD)

(To BE FILLED IN BLOCK LETTERS ONLY)	REFERENCE No. 31007062300006558027
DETAILS OF THE EMPLOYEE:	
NAME: VIGNESH SANKARANARAYANAN	DATE OF BIRTH: 05/05/1984
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100403288425	AADHAAR NUMBER: 0
PERMANENT ADDRESS: FLAT-D KKR HOMES 20/12 2ND MAIN ROAD LH NAGAR ADAMBAKKAM CHENNAI KANCHEEPURAM CHENNAI TAMIL NADU 600088	EMAIL ID /CONTACT PHONE NUMBER: vignesh.sankaranarayanan@outlook.com 9884263199
FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO	
PASSPORT DETAILS:(Copy of passport to be enclosed)	
PASSPORT NUMBER: W8931928	DATE OF ISSUE: 13/12/2022
PLACE OF ISSUE: SYDNEY	VALID UPTO: 12/12/2032
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	AUSTRALIA
WORK PERMIT DETAILS	COC NUMBER : AU/BAN/357823 FROM(DD/MM/YYYY): 28/02/2022 TO(DD/MM/YYYY) : 17/04/2023
WORK PERMIT DETAILS FOR EXTENDED PERIOD	FROM(DD/MM/YYYY): 18/04/2023 TO(DD/MM/YYYY) : 26/02/2027
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 LTD LEVEL 6,76 BERRY STREET, NORTH SYDNEY, NEW SOUTH WALES - 2060, AUSTRALIA	EMAIL ID /CONTACT PHONE NUMBER: corporate.socialsecurity@tcs.com 2263716307
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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REFERENCE No. **31007062300006558027**

S. Singh

07-Jun-2023

Signature of Employee with Date

Signature of Employer with Date and Stamp