



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

(To BE FILLED IN BLOCK LETTERS ONLY) REFERENCE No. 31507061800006122719

DETAILS OF THE EMPLOYEE:

NAME:SHIVALINGAM NARSANOLLA	DATE OF BIRTH: 10/04/1991
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100909388617	AADHAAR NUMBER: 696310765450
PERMANENT ADDRESS: 8-3-228/1280/448, JAWAHAR NAGAR,YOUSUFGUDA, HYDERABAD HYDERABAD TELANGANA 500045	EMAIL ID /CONTACT PHONE NUMBER: shivalingam.narsanolla@capgemini.com 7207201899

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER:K8599236	DATE OF ISSUE: 06/12/2012
PLACE OF ISSUE: HYDERABAD	VALID UPTO: 05/12/2022

FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO

DETAILS OF THE PRESENT EMPLOYER IN INDIA:

ESTABLISHMENT NAME: CAPGEMINI TECHNOLOGY SERVICES INDIA LIMITED	ESTABLISHMENT PF CODE NO: PUPUN003164300E
ESTABLISHMENT ADDRESS: PLOT NO.14, RAJIV GANDHI, INFOTECH PARK, HINJEWADI,PHASE-III,, PUNE, MIDC-SEZ, VILL - MAN, TAL - MULSHI, MAHARASHTRA, 411057	EMAIL ID /CONTACT PHONE NUMBER: -
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	INDUSTRY
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	NETHERLANDS
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 08/06/2018 TO(DD/MM/YYYY) : 31/08/2018

**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: CAPGEMINI NEDERLAND B.V REYKJAVIKPLEIN 1, 3543 KA UTRECHT, 30053172	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.

N. Shivalingam 07/06/2018
Signature of Employee with Date

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Signature of Employer with Date and Stamp