



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

(To BE FILLED IN BLOCK LETTERS ONLY)	REFERENCE No. 41008112300006593442
DETAILS OF THE EMPLOYEE:	
NAME: VENKATESAN RANGANATHAN	DATE OF BIRTH: 28/12/1993
GENDER: MALE	NATIONALITY: INDIAN
UAN: 100674061974	AADHAAR NUMBER: 350374375058
PERMANENT ADDRESS: NO: 10, 2ND STREET, YASHODA NAGAR, KEELKATTALAI, CHENNAI, KANCHEEPURAM TAMIL NADU 600117	EMAIL ID /CONTACT PHONE NUMBER: venkatesan.ranganathan@cognizant.com 8754560274
PASSPORT DETAILS:(Copy of passport to be enclosed)	
PASSPORT NUMBER: NO195224	DATE OF ISSUE: 12/06/2015
PLACE OF ISSUE: CHENNAI	VALID UPTO: 11/06/2025
FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO	
DETAILS OF THE PRESENT EMPLOYER IN INDIA:	
ESTABLISHMENT NAME: COGNIZANT TECHNOLOGY SOLUTIONS INDIA PRIVATE LIMITED	ESTABLISHMENT PF CODE NO: TNMA50031309000
ESTABLISHMENT ADDRESS: 5/535 OLD MAHABALIPURAM ROAD, OKKIYAM THORAIPAKKAM, KANCHEEPURAM, CHENNAI, TAMIL NADU, 600097	EMAIL ID /CONTACT PHONE NUMBER: ssacoc2@cognizant.com
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	TRADE SERVICE
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	NETHERLANDS
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): 01/12/2023 TO(DD/MM/YYYY) : 30/11/2024
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: COGNIZANT TECHNOLOGY SOLUTIONS BENELUX BV PAUL VAN VLISSINGENSTRAAT 101096 BKAMSTERDAMTHENETHERLANDSNL806627335B01	EMAIL ID /CONTACT PHONE NUMBER: ssacoc2@cognizant.com 8754560274
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	TRADE SERVICE

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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Signature of Employee with Date

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Signature of Employer with Date and Stamp