



EMPLOYEES' PROVIDENT FUND ORGANISATION, INDIA
APPLICATION FOR OBTAINING CERTIFICATE OF COVERAGE
(TO BE FILLED IN BLOCK LETTERS ONLY)

DETAILS OF THE EMPLOYEE:

Name:	Date of birth (dd/mm/yyyy):
GENDER (Please tick) Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Nationality:
UAN Number:	Aadhaar Number:
Permanent Address:	Email ID/ Contact Phone Number:

PASSPORT DETAILS:(copy of passport to be enclosed)

Passport Number:	Date of issue (dd/mm/yyyy):
Place of issue:	Valid upto (dd/mm/yyyy):

DETAILS OF THE PRESENT EMPLOYER IN INDIA

Establishment Name:	Establishment PF Code No:
Establishment Address:	Email ID/ Contact Phone Number
Country (having social security agreement with India) Where employee is going to Work.	
WORK PERMIT DETAILS	From (dd/mm/yyyy) _____ To (dd/mm/yyyy) _____

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	Email ID / Contact Phone Number
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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)

REVISED COC APPLICATION FORM TO BE SCANNED AND UPLOADED WITH ONLINE APPLICATION TO BE DIGITALLY SIGNED BY EMPLOYER.