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कर्मचारी भविष्य निधि संगठन  
**Employees' Provident Fund Organisation**  
श्रम एवं रोजगार मंत्रालय, भारत सरकार

Ministry of Labour And Employment, Government Of India

मुख्य कार्यालय/ Head Office

भविष्य निधि भवन, 14, भीकाजी कामा प्लेस, नई दिल्ली- 066 110

Bhavishya Nidhi Bhawan, 14, Bhikaiji Cama Place, New Delhi - 110 066

No IWU/7(7)2010/Austria

Date :

- 6 JUL 2015

To

All Additional CPFCs (Zones)

All Regional P.F. Commissioner, ROs and SROs

Sub: Social Security Agreement between Republic of India and the Republic of Austria.

Sir,

In pursuance to the Social Security Agreement (SSA) signed with the Republic of Austria, the Government of India has now notified vide order No. OI-11012/03/2009-EP-II (Vol. II) dated 15-06-2015 that the above Agreement has come into force with effect from 1<sup>st</sup> July, 2015. The text of the Agreement is available on the official website of EPFO, [www.epfindia.gov.in](http://www.epfindia.gov.in).

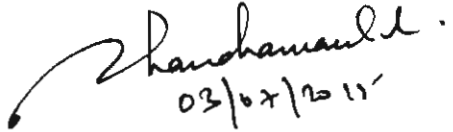
2. The agreement provides for detachment, totalisation and portability. Under the detachment clause, the employees of one country deputed by their employers to the other country on short-term assignment are exempted from Social Security contribution in that country up to a period of 60 months. However, such exemption can be availed on the basis of "Certificate of Coverage."

3. In view of above, concerned employee through employer may apply for the "Certificate of Coverage" in the prescribed format (copy enclosed). Since the "Certificate of Coverage" are to be issued by the RO/SRO, it may be ensured that on receipt of the application complete in all respect, necessary action is taken by the concerned RO/SRO for issuing COC in accordance with the consolidated guidelines issued by the Head Office view letter No. IWU/7(15)2011/Gen (Software)/9209 dated 13-08-2013.

4. In case any further clarification is required, IWU Head Office may be contacted.

Yours faithfully,

Encl: As above



03/07/2011

(Chandramauli Chakraborty)  
Addl Central PF Commissioner (Pension & IWU)

Copy to :-

Director, NATRSS

All Officers in Head Office

ALL ZTIs/ZAOs/DDs (Vig.)

RPFC(NDC) with a request to upload the circular on EPFO website

Hindi version will follow.

## **SOCIAL SECURITY AGREEMENT WITH THE REPUBLIC OF AUSTRIA**

The Government of India has entered into an Agreement on Social Security Agreement the Republic of Austria. Following the principles of reciprocity this agreement is intended to benefit the employees of both India as well as the Republic of Austria. The agreement has come into force w.e.f. 1<sup>st</sup> July, 2015.

The Agreement provides, inter-alia, for posting i.e. detachment up to a period of 60 months for employees of both the countries. Accordingly, the employees of one country deputed by their employers to the other country on short-term assignment for a pre-determined period of up to a period of 60 months need not remit Social Security contributions in that country. Thus, the employers are saved from making double Social Security contributions for the same set of employees thereby enhancing the competitiveness of their products and services.

Employees' Provident Fund Organization (EPFO) has been identified as the agency to implement the provisions of the agreement in India and has been authorized to issue "Certificate of coverage" to the employees of Indian establishments posted to the Republic of Austria.

Therefore, the employers who have already deputed/intend to depute their employees to the Republic of Austria can avail of this facility. The application form for this purpose is available on the official website <http://www.epfindia.gov.in/> under the tab "International worker". The "Certificate of coverage" will be issued by concerned RO/SRO where the application is submitted. They may also contact their jurisdictional Regional Provident Fund Commissioner or the International Workers Unit in the Head Office at 14, Bhikaiji Cama Place, New Delhi- 110066 for any further details.

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आई एन / ए 101

IN/A 101

एन आर डॉजियर / NR DOSSIER

भारत गणराज्य एव ऑस्ट्रिया के मध्य सामाजिक सुरक्षा करारनामा

AGREEMENT ON SOCIAL SECURITY

BETWEEN THE REPUBLIC OF INDIA AND AUSTRIA

(अनुच्छेद 7 & 9) (Article - 7 & 9)

कवरेज का प्रमाण पत्र / Certificate of Coverage

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1. कर्मचारी का विवरण / Details of Employee

1.1 पूरा नाम / Full Name : .....

1.2 जन्म तिथि / Date of Birth : .....

1.3 राष्ट्रियता / Nationality : .....

1.4 भारतीय क. भ.नि संख्या / Indian Employees Provident Fund Number :

.....  
.....

1.5 स्थायी पता / Permanent Address :

.....  
.....

2. भारत में नियोक्ता / Employer in India

2.1 नाम / Name : .....

2.2 पता / Address :

.....  
.....

3. ऑस्ट्रिया में कार्य की स्थान / Place of work in Austria

3.1 नियोक्ता का नाम / Name of the Employer :

.....

3.2 पता / Address :

.....

.....

4. प्रमाणन / Certification :

4.1 सामाजिक सुरक्षा कारारनामे के निम्नलिखित अनुच्छेद के अनुसार बीमित व्यक्ति भारतीय / के विधान के अंतर्गत है / The insured person subject to the Indian / Austrian legislation in accordance with the following article of the Social Security Agreement :

7                       9

4.2                      से / from :                      तक / To :

.....

5. वर्तमान प्रमाणपत्र प्रदान करने वाली एजेंसी / Agency delivering the present certificates :

5.1 पूरा नाम / Full Name : .....

5.2 पता / Address .....

.....

.....

.....

दिनांक / Date : .....

हस्ताक्षर / Signature :

मोहर / Stamp



कर्मचारी भविष्य निधि संगठन, भारत  
EMPLOYEES' PROVIDENT FUND ORGANISATION, INDIA  
ऑस्ट्रिया गणराज्य एवं भारत गण राज्य के मध्य सामाजिक सुरक्षा पर करारनामा  
AGREEMENT ON SOCIAL SECURITY BETWEEN  
THE REPUBLIC OF AUSTRIA AND THE REPUBLIC OF INDIA  
कवरेज प्रमाण-पत्र के लिए आवेदनपत्र  
Application for obtaining a Certificate of Coverage  
(केवल स्पष्ट अक्षरों में भरा जाए / To be filled in BLOCK LETTERS only)

1. कर्मचारी का विवरण / Employee

1.1 नाम / Name : .....

1.2 प्रथम नाम / First Name : .....

1.3 जन्म-तिथि (दिन/मास/वर्ष) / Date of Birth (dd/mm/yyyy) :  
.....

1.4 पासपोर्ट का विवरण / Passport details  
(क) संख्या तथा जारी करने का स्थान / Name and Place of issue  
.....

(ख) जारी करने की तिथि (दिन/मास/वर्ष) / Date of issue (dd/mm/yyyy) :  
.....

(ग) तिथि कब तक वैध है (दिन/मास/वर्ष) / Valid upto (dd/mm/yyyy):  
.....

1.5 क. भ. नि. पंजीकरण संख्या / E.P.F Registration Number  
.....

1.6 स्थायी पता / Permanent Address :  
.....  
.....  
.....  
.....

2. नियोक्ता / Employer

2.1 स्थापना का नाम / Name of Establishment :

.....

2.2 पता / Address :

.....

.....

2.3 स्थापना की कोड संख्या / Establishment Code No :

.....

3. ऑस्ट्रिया में कार्य का स्थान / Place of work in Austria :

3.1 फर्म/स्थापना/जहाज का नाम / Name(s) of firm/establishment/ship :

.....

3.2 पता / Address :

.....

.....

.....

.....

3.3 से (दिन/मास/वर्ष) / from (dd/mm/yyyy) तक (दिन/मास/वर्ष) / to (dd/mm/yyyy)

.....

4. नियोक्ता एवं कर्मचारी द्वारा संयुक्त घोषणा/ Joint undertaking by the employer and employee :

हम एतद्वारा घोषणा करते हैं कि / We hereby undertake that :

(क) नियोक्ता इस कर्मचारी की ऑस्ट्रिया में तैनाती की अवधि के दौरान भारत में उसके लिए एक भारतीय कामगार/ अंतर्राष्ट्रीय कामगार\* जैसा भी मामला हो के रूप में अंशदान करता रहेगा ।

नोट: जो लागू नहीं है कृपया उसे काट दे

(a) The employer shall continue to contribute in respect of this employee in India as Indian Worker/International Worker\*, as the case may be during the period of posting in Austria.

- (ख) नियोक्ता इस प्रमाणपत्र के प्रचलन के दौरान, तैनात कामगार के रोजगार की स्थितियों में किसी प्रकार के परिवर्तन की सूचना कर्मचारी भविष्य निधि संगठन को देगा ।
- (b) The employer shall inform EPFO about any change in the employment status/ secondment of the posted employee during the currency of this certificate.
- (ग) कामगार अपने नियोक्ता के माध्यम से इस प्रमाण पत्र के खोने / चोरी हाने की सूचना कर्मचारी भविष्य निधि संगठन को देगा ।
- (c) The employee shall inform EPFO, through the employer, about any loss/theft of this Certificate
- (घ) कवरेज प्रमाण-पत्र के किसी प्रकार के दुरुपयोग, यदि कोई है, के लिए हम संयुक्ततः एवं पृथकतः उत्तरदायी हैं।
- (d) We are jointly and separately responsible for the misuse of any kind, of the Certificate of Coverage, if any
- ड) हम यह जानते हैं कि ऑस्ट्रिया के नियोक्ता / प्राधिकरण द्वारा इस प्रमाणपत्र की मांग करने पर कामगार को इस कवरेज प्रमाणपत्र की मूल प्रति उपलब्ध करानी होगी जिससे कि उसे ऑस्ट्रिया में तैनाती के दौरान छूट की स्थिति का पता चल सके ।
- (e) We are aware that the employee has to produce this Certificate of Coverage in original as and when demanded by the Austria employer/authority, in order to get the exemption status during the posting period in Austria.
- (च) हमारे सीधे मालिक एवं सेवक के संबंध हैं तथा कर्मचारी व अभिग्राही कंपनी के मध्य सीमित अथवा असीमित अवधि (अन्तर्निहित, मौखिक अथवा लिखित) के रोजगार का कोई करारनामा नहीं है ।
- (f) We maintain a direct master and servant relationship and that there is no agreement of employment of limited or unlimited duration (implied, oral or written) between the employee and the receiving company



(छ) कामगार ने किसी विदेशी देश जिसके साथ भारत ने पारस्परिक सहमति के आधार पर एक सामाजिक सुरक्षा समझौता किया है \* काम किया है / काम नहीं किया है और वह उस समझौते के तहत पात्र की पात्रता के आधार पर उस, देश की सामाजिक सुरक्षा कार्यक्रम के तहत लाभ लेने के लिए\* पात्र है/ पात्र नहीं है

नोट: जो लागू नहीं है कृपया उसे काट दें

(g) That the applicant\* has worked /not worked in a foreign country with which India has entered into a Social Security Agreement and he/she is \*eligible /not eligible to avail the benefits under Social Security Programme of that country, by virtue of the eligibility gained, under the said agreement.

Note: Please strike off which is not applicable

.....  
(कामगार के दिनांक सहित हस्ताक्षर)  
(Signature of Employee with Date)

.....  
(नियोक्ता के दिनांक एवं मोहर सहित हस्ताक्षर)  
(Signature of Employer with Date and Stamp)