

**FORM 'F'**

See sub-rule (1) of Rule 6

**Nomination**

To,

Cognizant Technology Solutions India Private Limited5/535, Old Mahabalipuram Road, Okkiyam, Thoraipakkam, Chennai – 600097, India.

I, Shri/Shrimati/Kumari Martin EW whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**


Sl.No	Name & address of the Nominee/s	Relationship with the member	Age of the Nominee/s	Proportion by which gratuity (Total Benefits) will be shared by the Nominee/s (100% Max)
1	Wilson Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Father	50	40
2	Joicy Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Mother	46	40
3	Elza Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Sister	15	20
4				
5				
6				

# If Married > Spouse, Children (married or unmarried), his/her dependent parents, deceased sons widow and children.  
If unmarried, then Parents, Brother, Sister or any other person(s).

**Statement**


1. Name of employee in full	Martin EW
2. Sex	Male
3. Religion	
4. Whether unmarried/married/ widow/widower	Single
5. Department/Branch/Section where employed	
6. Date of appointment	
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	Kerala
Place	Bangalore
Signature/Thumb-impression of the Employee	
Date	

**Declaration by Witnesses**

Nomination signed/thumb-impressed before me	Signature of Witnesses.
Name in full and full address of witnesses.	
1. Kannan Mahalingam	1. 
2.	2.
Place	Bangalore
Date	

## Certificate by the Employer

**Certified that the particulars of the above nomination have been verified and recorded in this establishment.**

Employer's Reference No., if any	
Signature of the employer/Officer authorised Designation	
Date	
Name and address of the establishment or rubber stamp thereof.	Cognizant Technology Solutions India Private Limited 5/535, Old Mahabalipuram Road, Okkiyam, Thoraipakkam, Chennai – 600097, India.

## Acknowledgement by the Employee

**Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.**

Date	
Signature of the Employee	✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ

Note:–Strike out the words/paragraphs not applicable.



**FULL AND FINAL SETTLEMENT NOMINATION FORM**

1	Name of the Employee	Martin EW
2	Father Name	Wilson EJ
3	Husband Name	
4	Date of birth	05 Jun 2001
5	Date of Joining	
6	Designation	Graduate Trainee
7	Gender	Male
8	Marital Status	Single
9	Permanent Address	Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala,673603 Kozhikode Kerala India 673603
10	Present Address	Edakkara (H), Pullurampara (p.o), Kozhikode, Keral Kozhikode Kerala India 673603

**DETAILS OF NOMINATION**

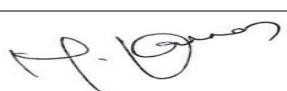
Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
Wilson Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala,673603	Father	12/02/1972	40
Joicy Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala,673603	Mother	10/03/1976	40
Elza Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala,673603	Sister	01/08/2006	20

**ASSIGNMENT**

I, do hereby assign the amount payable by the Insurance Service Provider of my employer, in the event of my death to the nominee(s) with the respective percentage of share, as nominated by me in the "Details of Nomination". I confirm that in the event of the death of the assigned named herein, percentage of the amount shall be equally distributed and become payable to my Legal Heirs.

**DECLARATION**

I hereby declare and confirm that, this "Nomination" is executed by me willingly and as my free and voluntary act for the purposes herein expressed, with sound mind, and under no constraint or undue influence from any person whomsoever. I hereby declare that my nominee(s) "Affidavit & Indemnity Bond" shall be sufficient to discharge the amount payable by my employer.

<b>Witness</b>	
<b>Name</b>	Kannan Mahalingam
<b>Signature</b>	
<b>Address</b>	

DATE : May 16,2022

PLACE: Bangalore

✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ

**Signature of the subscriber**

## GROUP TERM LIFE INSURANCE NOMINATION FORM

1	Name of the Employee	Martin EW
2	Father Name	Wilson EJ
3	Husband Name	
4	Date of birth	05 Jun 2001
5	Date of Joining	
6	Designation	Graduate Trainee
7	Gender	Male
8	Marital Status	Single
9	Permanent Address	Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603 Kozhikode Kerala India 673603
10	Present Address	Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala Kozhikode Kerala India 673603

## DETAILS OF NOMINATION

Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
Wilson Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Father	12/02/1972	40
Joicy Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Mother	10/03/1976	40
Elza Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Sister	01/08/2006	20


## ASSIGNMENT

I, do hereby assign the amount payable by the Insurance Service Provider of my employer, in the event of my death to the nominee(s) with the respective percentage of share, as nominated by me in the "Details of Nomination". I confirm that in the event of the death of the assigned named herein, percentage of the amount shall be equally distributed and become payable to my Legal Heirs.

## DECLARATION

I hereby declare and confirm that, this "Nomination" is executed by me willingly and as my free and voluntary act for the purposes herein expressed, with sound mind, and under no constraint or undue influence from any person whomsoever. I hereby declare that my nominee(s) "Affidavit & Indemnity Bond" shall be sufficient to discharge the amount payable by my employer.

## Witness

Name	Kannan Mahalingam
Signature	
Address	

DATE : May 16, 2022

PLACE: Bangalore

✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ

**Signature of the subscriber**

**FORM 2 (Revised)****(Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Scheme)**

(Paragraphs 33 & 61 (1) of the Employees Provident Funds Scheme, 1952 and paragraph 18 of the Employees Pension Scheme, 1995)

- 1 **Name** (In block letters) : Martin EW
- 2 **Father/Husband Name** : Wilson EJ
- 3 **Date of birth** : 05 Jun 2001
- 4 **Sex** : Male
- 5 **Marital Status** : Single
- 6 **Account No.** (PF/EPS Number) :
- 7 **Address** (Residential) :

<b>PERMANENT</b>	Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603 Kozhikode Kerala India 673603
<b>TEMPORARY</b>	Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603 Kozhikode Kerala India 673603

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate, the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death:

Name and Address of the nominees	Nominees relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee ( % )	If the nominee is a minor, name and relationship and address of the guardian who may receive the amount during the minority of nominee
Wilson Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Father	12/02/1972	40	
Joicy Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Mother	10/03/1976	40	
Elza Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603	Sister	01/08/2006	20	Wilson, Father, Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala, 673603
			100%	

- 1 \* Certified that I have no family as defined in para 2(g) of the Employees Provident Funds Scheme, 1952, and should I acquire a family hereafter, the above nomination should be deemed as cancelled.
- 2 \* Certified that my father/mother is/are dependent upon me.
3. \* Strike out whichever is not applicable.

✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ

**Signature of the subscriber**

# If Married < Spouse, Children (married or unmarried), his/her dependent parents, deceased sons widow and children.  
If unmarried then Parents, Brother, Sister or any other person(s).

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death

Name and address of the family members	Date of Birth	Relationship with the member

Name and Address of the Nominee	Date of Birth	Relationship with the member

✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ

**Signature of the subscriber**

**CERTIFICATE BY EMPLOYER**

-----  
Dated the :

Cognizant Technology  
Solutions India Private  
Limited ,  
5/535, Old  
Mahabalipuram Road,  
Okkiyam, Thoraipakkam,  
Chennai – 600097, India.



Signature of Employer with seal of establishment

Designation: Director – HR



New Form No. 11 (New)  
Declaration Form  
(To be retained by the Employer for future reference)

### EMPLOYEE'S PROVIDENT FUND ORGANISATION

The Employee's provident funds Scheme, 1952 ( paragraph- 34 & 57)  
&

The Employee's pension scheme, 1995 (Paragraph-24)

(Declaration by a person taking up employment in any establishment on which EPF scheme, 1952 and/or EPS, 1995 is applicable)

1	Name of the member	MR. <input checked="" type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> Martin EW
2	<input checked="" type="checkbox"/> Father's Name      Spouse's name (Please tick whichever is applicable)	Wilson EJ
3	Date of Birth: (DD/MM/YYYY)	0 5 / 0 6 / 2 0 0 1
4	Gender: (Male/Female/Transgender)	<input checked="" type="checkbox"/> Male Female Transgender
5	Marital Status (Married/unmarried/Widow/Widower/Divorcee)	Married <input checked="" type="checkbox"/> unmarried Widow/Widower Divorcee
6	(a) Email id:	e w m a r t i n 1 6 0 7 @ g m a i l . c o m
	(b) Mobile No:	9 4 0 0 9 4 1 8 0 3
7	<b>Present Employment Details:</b> Date of joining in the current establishment (DD/MM/YYYY)	
8	<b>KYC Details:</b> (attach self attested copies of following KYCs)	
	a)Bank Account No. & IFS Code	Name :Martin EW Number: 0190053000048546 IFSC: SIBL0000190
	b)NPR/AADHAAR	Name : Martin EW Number :655880346924 Remarks:
	c)Permanent Account number(PAN),(if available)	Name:Martin EW Number: AHWPW0786G Remarks:
	d)Driving License	Name:Martin EW Number: KL57 20190022195 Remarks:06/04/2041
	e)Voter ID	Name: Number: Remarks:
	e)Ration Card	Name: Number: Remarks:
	f)ESIC	Name: Number: Remarks:
9	Whether Earlier a member of the Employee's provident Fund scheme, 1952 ?	Yes <input checked="" type="checkbox"/> No
10	Whether earlier a Member of the Employee's Pension Scheme, 1995?	Yes <input checked="" type="checkbox"/> No

11	Previous Employment Details:[If yes to 9 AND/OR 10 Above]–Un–exempted						
	a)Universal Account Number						
	b) Previous PF Account Number:						
	Region Code	Office Code	Establishment ID	Extension	Account Number	Date of joining (DD/MM/YYYY)	Non Contributory Period (NCP Days)
	c) Date of exit from Previous Employment:(DD/MM/YYYY)					/ /	
	d) Scheme Certificate No.(if issued)						
	e)Pension payment Order(PPO) No.(if issued)						
	Name						
	Address						
12	Previous Employment Details:[If yes to 9 AND/OR 10 Above]–For Exempted Trusts						
	Region Code	Office Code	Establishment ID	Extension	Account Number	Date of joining (DD/MM/YYYY)	Non Contributory Period (NCP Days)
13	a) International Worker					Yes ✓ No	
	b)If yes, State Country of Origin (India/Name of other Country)					India: Name of other Country:	
	c)Passport No:						
	d)Validity of Passport[(DD/MM/YYYY)to(DD/MM/YYYY)]					/ / to / /	

### **UNDERTAKING:**

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared about to present P.F Account . (The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:  
Place: Bangalore

✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ  
Signature of the member



### **DECLARATION BY PRESENT EMPLOYER**

A. The member Mr./Ms./Mrs. ....Martin EW..... has joined on ..... and has been allotted PF Number .....

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:

◦ **(Post allotment of UAN)** The UAN allotted for the member is .....

◦ **Please tick the appropriate option:**

The KYC details of the above member in the UAN database

Have not been uploaded

Have been uploaded but not approved

✓ Have been uploaded and approved with DSC

C. In case the person was earlier a member of EPF Scheme ,1952 and EPS,1995:

◦ the above PF number of the member as mentioned in (A) above has been tagged with his/her UAN /previous member id as declared by member

◦ **Please tick the appropriate option:-**

◦ ✓KYC Details of the above member in the UAN database have been approved with digital signature certificate and transfer request has been generated on portal.

◦ As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim(Form-13)for transfer of funds from his previous establishment.

◦ Date: .



Signature of Employer with seal  
of establishment

Designation: Director – HR

Cognizant Technology  
Solutions India Private  
Limited ,  
5/535, Old Mahabalipuram  
Road, Okkiyam,  
Thoraipakkam, Chennai –  
600097, India.

**DECLARATION FORM****Form-1**

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

A) Insured Persons Particulars		B) EMPLOYER'S PARTICULARS			
1. Insurance No.		9. Employer's Code No:			
2.Name : Martin EW		10. Date of Appointment	Day	Month	Year
2.Father/Husband : Wilson EJ			1	1	1900
4. Date of Birth: 05 Jun 2001		11.Name & Address of the employer:			
5 Sex : Male/Female : Male					
6 Marital Status : M/U : Single					

7. Present Address  
Edakkara (H), Pullurampara (p.o), Kozhikode, Keral  
Kozhikode Kerala India 673603

Pin Code: 673603

Email Address:

8. Permanent Address  
Edakkara (H), Pullurampara (p.o), Kozhikode,  
Kerala,673603 Kozhikode Kerala India 673603

Pin Code: 673603

Branch Office:

Dispensary: \_\_\_\_\_

12. In case of any previous employment please fill up the details as under

a. Previous Ins. No.:NA

b. Empr's Code No:NA

c. Name & Address of the Previous Employer:NA

Email Address:

**(C) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.**

Name :	Relationship:	Address:
Wilson	Father	Edakkara (H), Pullurampara (p.o), Kozhikode, Kerala,673603

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ

Counter signature by the  
employer

Signature /T.I.of IP.

Signature with seal

**(D) Family Particulars of Insured Person**

Sl. No.	Name:	Date of Birth/Age as on date of filling form:	Relationship with the Employee	Whether residing with him/her? (tick)		If 'No' state Place of Residence	
				<input checked="" type="radio"/> Yes	<input type="radio"/> No	TOWN	STATE
1	Wilson	12/02/1972	Father	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
2	Joicy	10/03/1976	Mother	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
3	Elza	01/08/2006	Sister	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
4				<input type="radio"/> Yes	<input type="radio"/> No		
5				<input type="radio"/> Yes	<input type="radio"/> No		
6				<input type="radio"/> Yes	<input type="radio"/> No		

ESI Corporation Temporary Identity Card (Valid for 3 month from the date of appointment)

Name	Martin EW				
Insurance No.		Date of Appointment:	1	1	1900
Branch Office:		Dispensary:			
Employer's Code No. & Address					

SPACE FOR PHOTOGRAPH

Validity \_\_\_\_\_ Digitally signed. Refer to the end of this page

Dated \_\_\_\_\_ Signature/T.I. of I.P.

Signature of B.M. with seal

**INSTRUCTIONS**

- Submission of Form-I is governed by regulation 11 & 12 of ESI (General) Regulations, 1950
- Family means all or any of the following relatives of an Insured Person namely:-  
(i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).
- Identity Card is Non-Transferable.
- Loss of Identity Card be reported to Employer/Branch Manager immediately.
- Submission of false information attracts penal action Under Section 84 of ESI Act. 1948.
- This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
- As an insured person you and your dependant family members are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependants benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory conditions.
- For more details please contact website of ESIC at [www.esic.org.in](http://www.esic.org.in) or contact Regional Office or Branch Office.

**For Branch Office Use only**

1. Date of allotment of Ins. No. : \_\_\_\_\_

2. Date of Issue of T.I.C. : \_\_\_\_\_

3. Name /No. of Dispensary : \_\_\_\_\_

4. Name /No. of Dispensary Whether reciprocal Medical arrangements involved. if yes, please indicate :

Signature of Branch Manager

Sl. No.	Name:	Date of Birth/Age as on date of filling form:	Relationship with the Employee	Whether residing with him/her? (tick)		If 'No' state Place of Residence	
						TOWN	STATE
1	Wilson	12/02/1972	Father	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
2	Joicy	10/03/1976	Mother	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
3	Elza	01/08/2006	Sister	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
4				<input type="radio"/> Yes	<input type="radio"/> No		
5				<input type="radio"/> Yes	<input type="radio"/> No		
6				<input type="radio"/> Yes	<input type="radio"/> No		

✓ I Martin EW hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 16 2022 17:18 (GMT) effective from DOJ