



Form No. 11 (New)

Declaration Form

Employees' Provident Fund Organization

(To be retained by the Employer for future reference)

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)**&****THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)****DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME,****1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.****(PLEASE GO THROUGH THE INSTRUCTIONS)**

- 1) Name (TITLE)
-
- (PLEASE TICK)

MR.	MS. <input checked="" type="checkbox"/>	MRS.
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N	i	l	i	m	a		M	a	h	u	n	t	a	

- 2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
2	9	0	5	1	9	9	1

- 3) FATHER'S NAME/
-
- HUSBAND'S NAME

MR.

U	p	e	n	d	r	a		K	u	m	a	r		M
a	h	u	n	t	a									

- 4) RELATIONSHIP IN RESPECT OF (3) ABOVE
-
- (PLEASE TICK)

FATHER	HUSBAND
<input checked="" type="checkbox"/>	

- 5) GENDER
-
- (PLEASE TICK)

MALE	FEMALE	TRANSGENDER
	<input checked="" type="checkbox"/>	

- 6) MOBILE NUMBER (IF ANY)

7	4	4	8	4	7	0	3	2	1
---	---	---	---	---	---	---	---	---	---

- 7) EMAIL ID (IF ANY)

m	a	h	u	n	t	a	.	m	i	l
a	n	@	g	m	a	i	l	.	c	o
m										

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952 ?
(PLEASE TICK)

YES	NO
	✓

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?
(PLEASE TICK)

YES	NO
	✓

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10, 11&12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN No

--	--	--	--	--	--	--	--	--	--	--	--

OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID(DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: _____

(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____

B. OTHER DETAILS

13) INTERNATIONAL WORKER
(PLEASE TICK)

YES	NO

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN
(PLEASE TICK)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER _____

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

TO

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

ILLITERATE	NONMATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/PROFESSIONAL
				✓			

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
	✓		

16) SPECIALLY ABLED
(PLEASE TICK)

YES	NO
	✓

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Nilima Mahunta	31814995218	IFSC Code: SBIN0016592
NPR/AADHAAR	Nilima Mahunta	9853 8967 2823	
PERMANENT ACCOUNT NUMBER (PAN)	Nilima Mahunta	BABPM4140B	
PASSPORT	Nilima Mahunta	N8283705	16/06/2026
DRIVING LICENCE			
ELECTION CARD			
RATION CARD			
ESIC CARD			
<p>* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.</p>			

C. UNDERTAKING:

A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,

(I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.

(II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT

AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY

PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).

(III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: 04/07/2016

PLACE: Chennai

SIGNATURE OF THE MEMBER

DECLARATION BY PRESENT EMPLOYER

A. THE MEMBER Mr./Ms./Mrs.Nilima Mahunta..... HAS JOINED ON04/07/2016..... AND HAS BEEN ALLOTTED PF MEMBER ID

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 MEMBER ID 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: 04/07/2016.**



Nilima Mahunta

Signature of the Employer WITH SEAL OF ESTABLISHMENT

Designation: Senior Director – HR

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

✓ I agree that the information provided in the form will not be Edited/Altered on the day of joining and such actions will not be considered.

✓ This page has been signed by Nilima Mahunta on Jun 26 2016 16:40 (GMT) effective from Jul 4 2016 (DOJ)

**FORM 'F'**

See sub-rule (1) of Rule 6

Nomination

To,

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

- I, Shri/Shrimati/Kumari Nilima Mahunta 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	Upendra Kumar Mahunta	Father	02/05/1958	100
2				0

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	Nilima Mahunta
2. Sex	F
3. Religion	
4. Whether unmarried/married/ widow/widower	
5. Department/Branch/Section where employed	
6. Date of appointment	07-04-2016
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	
Place	
Signature/Thumb-impression of the Employee	
Date	07-04-2016

Declaration by Witnesses

Nomination signed/thumb-impressed before me Name in full and full address of witnesses.	Signature of Witnesses.
1.Hariharan	1. 
2.	2.
Place	
Date	07-04-2016

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	07-04-2016
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	07-04-2016
Signature of the Employee	

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

**FORM 2 (Revised)**

(For Unexempted /Exempted Establishments)

NOMINATION AND DECLARATION FORM

(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)** : Nilima Mahunta
- 2 **Father/Husband Name** : Upendra Kumar Mahunta
- 3 **Date of birth** : 29/05/1991
- 4 **Sex** : Female
- 5 **Marital Status** : Single
- 6 **Account No. (PF/EPF Number)** :
- 7 **Address (Residential)** :

PERMANENT	HIG B 356 Ph-3kalinga biharChend colony Rourkela Orissa India
TEMPORARY	

PART A (EPF) #

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
(1)	(2)	(3)	(4)	(5)
Upendra Kumar Mahunta	Father	05/02/1958	100	
			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.

Signature of the subscriber

Note: - A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid

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). >

Part B (EPS) (Para 18) §

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 .

Sl.No.	Name and address of the family members	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1			
2			
3			
4			

** Certified that I have no family, as defined in para 2(vii) of Employees Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following persons for receiving the monthly widow pension (admissible under para 16 2(a) (i) and (ii) of Employees Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension. **SS**

Name and Address of the Nominee (1)	Date of Birth (2)	Relationship with the member (3)
Upendra Kumar Mahunta	05/02/1958	Father

Dated the : 04/07/2016

**Strike out whichever is not applicable.

Signature of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kumari Nilima Mahunta employed in my establishment after he/she has read the entries/the entries have been read over to him/her by me and got confirmed by him/her.

Place: _____

Dated the : 04/07/2016



**Signature of the Employer or other authorised
Officer of the establishment**

Designation: Senior Director



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

**FORM 2 (Revised)**

(For Unexempted /Exempted Establishments)

NOMINATION AND DECLARATION FORM

(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)** : Nilima Mahunta
- 2 **Father/Husband Name** : Upendra Kumar Mahunta
- 3 **Date of birth** : 29/05/1991
- 4 **Sex** : Female
- 5 **Marital Status** : Single
- 6 **Account No. (PF/EPF Number)** :
- 7 **Address (Residential)** :

PERMANENT	HIG B 356 Ph-3kalinga biharChend colony Rourkela Orissa India
TEMPORARY	

PART A (EPF) #

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
(1)	(2)	(3)	(4)	(5)
Upendra Kumar Mahunta	Father	05/02/1958	100	
			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.
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Name and Address of the Nominee (1)	Date of Birth (2)	Relationship with the member (3)
Upendra Kumar Mahunta	05/02/1958	Father

Dated the : 04/07/2016

**Strike out whichever is not applicable.

Signature of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kumari Nilima Mahunta employed in my establishment after he/she has read the entries/the entries have been read over to him/her by me and got confirmed by him/her.

Place: _____

Dated the : 04/07/2016



**Signature of the Employer or other authorised
Officer of the establishment**

Designation: Senior Director



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

**FORM 'F'**

See sub-rule (1) of Rule 6

Nomination

To,

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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.
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1	Upendra Kumar Mahunta	Father	02/05/1958	100
2				0

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	Nilima Mahunta
2. Sex	F
3. Religion	
4. Whether unmarried/married/ widow/widower	
5. Department/Branch/Section where employed	
6. Date of appointment	07-04-2016
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	
Place	
Signature/Thumb-impression of the Employee	
Date	07-04-2016

Declaration by Witnesses

Nomination signed/thumb-impressed before me Name in full and full address of witnesses.	Signature of Witnesses.
1.Hariharan	1. 
2.	2.
Place	
Date	07-04-2016

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	07-04-2016
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	07-04-2016
Signature of the Employee	

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