

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 Thamizharasu Munusamy 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	Munuswamy 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Father	59	50
2	Prabhavathi 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Mother	50	50
3	Keerthana 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Sister	22	0
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	Thamizharasu Munusamy
2. Sex	Male
3. Religion	
4. Whether unmarried/married/ widow/widower	Single
5. Department/Branch/Section where employed	
6. Date of appointment	10 Jan 2022
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	Tamil Nadu
Place	Chennai
Signature/Thumb-impression of the Employee	I Thamizharasu Munusamy hereby agree that I have understood the terms and conditions of the current document accepted electronically on Dec 27 2021 07:53 (GMT) effective from Jan 10 2022
Date	10 Jan 2022


Declaration by Witnesses

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

Place	Chennai
Date	10 Jan 2022

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	10 Jan 2022
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	10 Jan 2022
Signature of the Employee	✓ I Thamizharasu Munusamy hereby agree that I have understood the terms and conditions of the current document accepted electronically on Dec 27 2021 07:53 (GMT) effective from Jan 10 2022

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

FULL AND FINAL SETTLEMENT NOMINATION FORM

Name of the Employee

Thamizharasu Munusamy

Father Name

Munuswamy

Husband Name

Date of birth

10 Jun 1996

Date of Joining

10 Jan 2022

Designation

Associate – Projects

Gender

Male

Marital Status

Single

Permanent Address

7/118Bharathi StreetC. PallavaramNear Thandumariamman koil Chennai Tamil Nadu India 600043

Present Address

7/118Bharathi StreetC. PallavaramNear Thandumariam Chennai Tamil Nadu India 600043

DETAILS OF NOMINATION


Sl.No	Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
	Munuswamy 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Father	13/09/1962	50
	Prabhavathi 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Mother	18/04/1971	50
	Keerthana 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Sister	01/07/1999	0

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.

Name	Kannan Mahalingam
Signature	
Address	

DATE : December 27,2021

PLACE: Chennai

✓ I Thamizharasu Munusamy hereby agree that I have understood the terms and conditions of the current document accepted electronically on Dec 27 2021 07:53 (GMT) effective from Jan 10 2022
Signature of the subscriber



GROUP TERM LIFE INSURANCE NOMINATION FORM

Name of the Employee	1
Thamizharasu Munusamy	
Father Name	2
Munuswamy	
Husband Name	3
Date of birth	4
10 Jun 1996	
Date of Joining	5
10 Jan 2022	
Designation	6
Associate - Projects	
Gender	7
Male	
Marital Status	8
Single	
Permanent Address	9
7/118Bharathi StreetC. PallavaramNear Thandumariamman koil Chennai Tamil Nadu India 600043	
Present Address	10
7/118Bharathi StreetC. PallavaramNear Thandumariam Chennai Tamil Nadu India 600043	


DETAILS OF NOMINATION

Sl.No	Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
	Munuswamy 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Father	13/09/1962	50
	Prabhavathi 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Mother	18/04/1971	50
	Keerthana 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil	Sister	01/07/1999	0

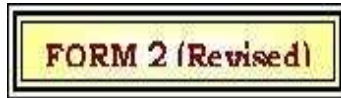
I, do hereby assign the amount payable by the Insurance Service Provider of my employer, in the event of my death to the nominee(s) with the respective percentage of share, as nominated by me in the "Details of Nomination". I confirm that in the event of the death of the assigned named herein, percentage 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 : December 27,2021 ✓ I Thamizharasu Munusamy hereby agree that I have understood the terms and conditions of the current document accepted electronically on Dec 27 2021 07:53 (GMT) effective from Jan 10 2022
PLACE: Chennai
Signature of the subscriber



(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)

Name (In block letters)	1
: Thamizharasu Munusamy	
Father/Husband Name	2
: Munuswamy	
Date of birth	3
: 10 Jun 1996	
Sex	4
: Male	
Marital Status	5
: Single	
Account No. (PF/EPS Number)	6
: 1224629	
Address (Residential)	7
:	

PERMANENT

7/118 Bharathi Street C. Pallavaram Near
Thandumariamman koil Chennai Tamil Nadu India
600043

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

Munuswamy 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil

Father

13/09/1962

50

Prabhavathi 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil

Mother

18/04/1971

50

Keerthana 7/118Bharathi StreetC. PallavaramNear Thandumariamman koil

Sister

01/07/1999

0

100%

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- 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 Thamizharasu Munusamy hereby agree that I have understood the terms and conditions of the current document accepted electronically on Dec 27 2021 07:53 (GMT) effective from Jan 10 2022

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). >

Sl.No.	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 Thamizharasu Munusamy hereby agree that I have understood the terms and conditions of the current document accepted electronically on Dec 27 2021 07:53 (GMT) effective from Jan 10 2022

Signature of the subscriber

CERTIFICATE BY EMPLOYER

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. MRS. Thamizharasu Munusamy
2	<input checked="" type="checkbox"/> Father's Name Spouse's name (Please tick whichever is applicable)	Munuswamy
3	Date of Birth: (DD/MM/YYYY)	1 0 / 0 6 / 1 9 9 6
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:	t h a m i z h a r a s u 0 0 7 @ g m a i l . c o m
	(b) Mobile No:	9 8 4 0 8 2 3 0 8 0
7	Present Employment Details: Date of joining in the current establishment (DD/MM/YYYY)	10/01/2022
8	KYC Details: (attach self attested copies of following KYCs)	
	a)Bank Account No. & IFS Code	Name :HDFC Bank Number: 50100253189001 IFSC: HDFC0000141
	b)NPR/AADHAAR	Name : Thamizharasu Munuswamy Number :352777392686 Remarks:
	c)Permanent Account number(PAN),(if available)	Name:Thamizharasu Munusamy Number: AWCPT1540L Remarks:
	d)Driving License	Name:Thamizharasu M Number: TN85 20140001441 Remarks:07/27/2034
	e)Voter ID	Name:Thamizharasu Number: IJB2048601 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

11	Previous Employment Details:[If yes to 9 AND/OR 10 Above]-Un-exempted					1 0 1 3 9 6 5 2 6 7 6 5	
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)
	MH	BAN	0045665	000	1224629	28/11/2018	
c) Date of exit from Previous Employment:(DD/MM/YYYY)							
2 8 / 1 2 / 2 0 2 1							
d) Scheme Certificate No.(if issued)							
e) Pension payment Order(PPO) No.(if issued)							
Name							
Thamizharasu							
Address							
7/118, Bharathi Street, C. Pallavaram, Chennai-43							
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 <input checked="" type="checkbox"/> No	
	b) If yes, State Country of Origin (India/Name of other Country)					India: Name of other Country:	
	c) Passport No:					S7442617	
	d) Validity of Passport[(DD/MM/YYYY)to(DD/MM/YYYY)]					1 4 / 1 1 / 2 0 1 8 to 1 3 / 1 1 / 2 0 2 8	

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: 10/01/2022
Place: Chennai

✓ I Thamizharasu Munusamy hereby agree that I have understood the terms and conditions of the current document accepted electronically on Dec 27 2021 07:53 (GMT) effective from Jan 10 2022
Signature of the member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs.Thamizharasu Munusamy..... has joined on10/01/2022..... 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: 10/01/2022.



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.