



# **Personal Information Form**

**Coforge**

Employee Code: (Leave blank)

**Personal Details**

Name: Yogesh	Gender: Male
Father's Name: Shiv Swaroop	Father's Date of Birth (DD/MM/YYYY): 01/07/1965
Date of Joining (DD/MM/YYYY): 04/10/2023	Nationality: Indian
Blood Group: A	Rh Factor: +ve
Date of Birth: 14/05/1999	Like to be Called:
Place of Birth: Mathura	Country of Birth: India
Marital Status: Single	Contact No.: 8273434763

**Address Details****Present Address**

Name/Care of- : Shiv Swaroop	
House No:	Apartment:
Address: <b>Surajpur</b>	
City: Greater Noida	Pin: 201306
District: <b>Gautam Buddh Nagar</b>	Region: Uttar Pradesh
Country: India	Phone#: 8273434763

Home to Office Distance:

**Permanent Address**

Name/Care of: Shiv Swaroop	
House No.: 30	Apartment:
Address: Tagore Garden Colony, Goverdhan Road	
City: Mathura	Pin: 281004
District: Mathura	Region: Uttar Pradesh
Country: India	Phone#:8273434763

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**Emergency Address**

Name/Care of : Shiv Swaroop

House No.: 30

Apartment:

Address: **Tagore Garden Colony, Goverdhan Road**City: **Mathura**

Pin: 281004

District: **Mathura**

Region: Uttar Pradesh

Country: India

Phone#: 7417999846

**Family Details**

Relationship	Name	Gender	D. O. B	Occupation
Father	Shiv Swaroop	Male	01/07/1965	Farmer
Mother	Munni Devi	Female	01/05/1969	Home Maker
Brother	Manoj Kumar	Male	08/11/1993	Service man
Brother in law	Renu	Female		Home Maker
Sister	Sangeeta Verma	Female	03/11/1996	Student
Nephew	Yuvraj Singh	Male	02/03/2017	Student
Date of Marriage		No. of Children		

**Educational Details**

Certificate	University	Start Date	End Date	Passing Year	Result	Course Mode
SSC/10th	Shri Krishna Inter College Mathura	23/06/2013	30/05/2014	2014	Pass	regular
Inter/12th	Jawahar Vidhyalay Inter College, Mathura	01/07/2015	15/05/2016	2016	pass	regular
Graduation/BCA	GLA University, Mathura	01/08/2020	31/05/2023	2023	pass	regural

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## Experience Details

Please highlight the relevant option if (Experienced/ Fresher).

If experienced, kindly fill in the details below.

Name of the employer	Designation	Date of Joining	Date of Leaving	Exp. (In months)	Reason of Leaving	UAN Number (Mandatory field)* If you don't have UAN, please mention NA
NA						NA

\*UAN Number can be found on salary slips

**Disclaimer:-** "I hereby declare that the details provided by me in Personal Information Form are correct and best to my knowledge. I shall be held liable for any discrepancy found in the data in future".

**Place:** Greater Noida

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**DATE:** 04/10/2023

**SIGNATURE/THUMB IMPRESSION OF EMPLOYEE**

Employee Name\_\_\_Yogesh\_\_\_\_\_



**Employee's Provident Fund Organization**  
**The Employee's Provident Fund Scheme, 1952 (Paragraph-34 & 57)**

**&**

**The Employee's Pension Scheme, 1995(Paragraph-24)**

**DECLARATION BY A PERSON TAKING UP EMPLOYEEMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEE'S PROVIDENT FUND SCHEME,1952 AND/OR EMPLOYEE'S PENSION SCHEME 1995 IS APPLICABLE**

(PLEASE GO THROUGH THE INSTRUCTIONS)

- 1) Name: Yogesh
- 2) Date of Birth: 14/05/1999
- 3) Father's/Husband Name: Shiv Swaroop
- 4) Relationship in Respect of Above: Father
- 5) Gender: Male
- 6) Mobile (if any): 8273434763
- 7) Email ID (if any): yk843991@gmail.com
- 8) Whether earlier a member of the employee provident fund scheme,1952: **No**
- 9) Whether earlier a member of the employee pension fund scheme, 1955: **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

**A. UAN:NA**

**OR**

**B. Previous PF Member ID:**

Region Code	Office Code	Establishment ID	Extension	Account Number

- 11) Date of Exit for Previous Member ID: NA

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**A. Other Details:**

- 12) International Worker: NA

**IF the reply to (13) above is yes, then enter the details in 13(A), 13(B) & 13(C):**

- 12) (A) Country of Origin:

12) (B) Passport Number:

12) (C) Passport Valid From:

Passport Valid Till:

13) Highest Educational Qualification: 1. Graduate : Yes

2. Post-Graduate

3. Others (Please Specify): \_\_\_\_\_

14) Marital Status: single

15) Specially Abled: **If YES, Check the Category: Locomotive** \_\_\_\_\_ **Visual** \_\_\_\_\_ **Hearing** \_\_\_\_\_

16) KYC Details:

KYC Document Type	Name as on KYC Document	Number/ ID Number	Issue Country	Issue Authority/Dept. Name	Issue Date	Remarks If Any
Bank Account*	Yogesh	50100584556726				HDFC0001897
NPR/AADHAAR*	Yogesh	772599196102				
PERMANENT ACCOUNT NO. (PAN)*	Yogesh	ASVPY0860F				
PASSPORT						
DRIVING LICENCE						
ELECTION CARD						
ESIC CARD						

**\*Mandatory field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY.)** You are however advised to provide all KYC document available with you in addition to mandatory KYCs to avail better services.

**SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENT MUST BE ATTACHED WITH THIS FORM.**

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**B. 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 insured the correctness of my UAN/ Previous PF member ID. NA

(ii).This may also be treated as my request for transfer of funds and service details if applicable for the previous account as declared above the present P.F. Account (The transfer would be possible 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: 04/10/2023

PLACE: Greater Noida

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**SIGNATURE OF MEMBER**

**Declaration by Present Employer**

**A. The member Mr./Ms./Mrs.....has joined on.....and has been allocated PF Member I.....**

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

**\* (POST ALLOTTMENT 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**

<input type="checkbox"/>	HAVE NOT BEEN UPLOADED
<input type="checkbox"/>	HAVE BEEN UPLOADED NOT APPROVED
<input type="checkbox"/>	HAVE BEEN UPLOADED AND APPROVED WITH DSC
<input type="checkbox"/>	HAVE NOT BEEN UPLOADED

**C. In case of person was earlier 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: -**

<input type="checkbox"/>	The KYC detail of the above member in the UAN database have been Approved with digital Signature Certificate and transfer request has been generated on portal.
<input type="checkbox"/>	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**

## FORM 2 (Revised)

Employee Code:

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS****Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme**

(Paragraphs 33 &amp; 61(1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (In block letters): Yogesh
2. Father's/Husband's Name: Shiv Swaroop
3. Date of Birth: 14/05/1999
4. Sex: Male
5. Marital Status: Single
6. Account No.: 50100584556726
7. Present Address: Surajpur, Greater Noida,
8. Permanent Address: Tagore Garden Colony, Goverdhan Road, Mathura Uttar Pradesh 281004

**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 of Nominee/Nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share in provident fund to be paid to each nominee	if the nominee is minor, name & relationship & address of the guardian
Shiv Swaroop	Tagore Garden Colony, Goverdhan Road, Mathura Uttar Pradesh 281004	Father	01/07/1965	100%	

1. Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a Family hereafter, the above nomination should be deemed as cancelled. Certified that my father/mother is/are dependent upon me.
2. Certified that my father/mother is/are dependent upon me.

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**SIGNATURE OR THUMB IMPRESSION OF THE SUBSCRIBER**



**PART- B (EPS) (Para 18)****(To be filled by Male/Female married candidates)**

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

Name of Family Member	Address	Date of Birth	Relationship With the Member

\*\* Certified that I have no family, as defined in para2 (vii) of Employees 'Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension admissible under para 16 2(a)(i) and (ii) in the event of my death. **(To be filled by male married candidates)**

Name of Family Member	Address	Date of Birth	Relationship With the Member

**DATE:****PLACE:****SIGNATURE OR THUMB IMPRESSION OF THE SUBSCRIBER**

\*\* Strike out whichever is not applicable

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**CERTIFICATE BY EMPLOYER**

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

**PLACE:**

**SIGNATURE OF THE EMPLOYER OR OTHER  
AUTHORIZED OFFICERS OF THE ESTABLISHMENT**

**DATE:**

**DESIGNATION:** \_\_\_\_\_

**NAME AND ADDRESS OF THE FACTORY/  
ESTABLISHMENT OR RUBBER STAMP THEREON**

*Yogesh*  
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**GRATUITY NOMINATION FORM**

To,  
M/s Coforge Ltd.....

.....  
.....

**1. Shri./Smt./Kumari.....Yogesh.....**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 the proportion indicated against the names of the nominee(s).

**2.** I hereby certify that the person(s) mentioned is/are a member of my family within the meaning of clauses (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.

(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.

**4.** I have excluded my husband from my family by notice dated the ..... to the Controlling Authority in the terms of the proviso to clause (h) of Section 2 of the said Act. Nomination made herein invalidates my previous nomination.

**Nominees: Nominee(s)**

Name of Nominee (S)	Address	Relation with the emp.	Age Of Nominee	Proportion by which the gratuity will be payable
Shiv Swaroop	Tagore Garden Colony, Goverdhan Road, Mathura, UP, 281004	Father	58	100%

Name of the employee in full: Yogesh

Sex: Male

Religion: Hindi

Whether unmarried/ married/widow/widower: unmarried

Department/Branch/Section where employed: NA

Post held with serial no. if any: NA

Date of Appointment: 04/10/2023

Permanent Address: Tagore Garden Colony,

Mathura 281004

Village

Thana : Highway

Sub/division : Mathura

P.O: Krishna Nagar

Dist. : Mathura

State: Uttar Pradesh

**Place:** Greater Noida

**DATE:** 04/10/2023

*Yogesh*  
04-oct-2023

**SIGNATURE/THUMB IMPRESSION OF EMPLOYEE**

**Declaration by witnesses**

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses

**SIGNATURE OF WITNESS**

1.

2.

**PLACE**

**Certified 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

M/s .....

**Acknowledgment by the Employee**

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

*Yogesh*  
04-oct-2023

**DATE: 04/10/2023**

**SIGNATURE/THUMB IMPRESSION OF EMPLOYEE**

**SECTION 2(h): "FAMILY"**, in relation to an employee, shall be deemed to consist of -

- (i) in the case of a male employee, himself, his wife, his children, whether married or unmarried, his dependent parents and the widow and children of his predeceased son, if any,
- (ii) in the case of female employee, herself, her husband, her children, whether married or unmarried, her dependent parents and dependent parents of her husband and the widow and children of her predeceased son if any

Explanation: Where the personal law of an employee permits the adoption by him of a child, any child lawfully adopted by him shall be deemed to be included in his family, and where a child of an employee has been adopted by any other person and such adoption is, under the personal law of the person making such adoption, lawful, such child shall be deemed to be excluded from the family of the employee;

Employee Code

**Beneficiary Details:**FORM OF APPOINTMENT OF BENEFICIARY UNDER THE RULES OF COFORGE LIMITED

For: a) Personal Accident Insurance Scheme, b) Superannuation Scheme, c) Life Insurance

Director,

The

Coforge Limited

Dated: 04/10/2023

New Delhi

Emp. No.

I \_Yogesh\_\_\_\_\_ D/S/O \_\_Shiv Swaroop\_\_\_\_\_ resident of \_Tagore Garden Colony, Mathura, UP, 281004\_\_\_\_\_ aged \_\_\_\_\_ member of Coforge Limited, hereby appoint the following nominees as the person to whom the money is payable under these schemes in the event of my death.

Name of Nominee	Relation	Age	Address	Scheme
Shiv Swaroop	Father	58	Tagore Garden Colony, Goverdhan Road, Mathura, UP, 281004	GPAI
same	same	same	same	SUPERANNUATION
same	same	same	same	LIFE INSURANCE

Note: In the event of a change in my marital status, I understand to inform the company for purpose of change in my nominations:

Signed at: (Joining Location) \_\_\_\_\_ Greater Noida \_\_\_\_\_ This (DOJ) \_\_\_\_\_ 04 Oct \_\_\_\_\_ Day of \_\_\_\_\_ 2023 \_\_\_\_\_

Yogesh  
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**(SIGNATURE OF THE STAFF MEMBER)**

**Declaration of PAN No. /GIR No**

I \_\_\_\_\_Yogesh\_\_\_\_\_ D/O, S/O of \_Shiv Swaroop\_\_\_\_\_ residing at \_\_\_\_\_**Tagore Garden Colony, Goverdhan Road, Mathura, Uttar Pradesh, 281004**\_\_\_\_\_

<b>Applied for and allotted</b>
---------------------------------

I \_\_\_\_\_Yogesh\_\_\_\_\_ have

[in case of PAN no. applied but PAN not allotted by income tax department, then proof of submitting PAN application (copy of acknowledgement) with income tax department must be enclosed].

**My PAN no/GIR no:**

ASVPY0860F

**Place of issue/application:** Mathura, Uttar Pradesh

I undertake to inform Coforge Limited immediately, in case of any change in the above mentioned particulars. I further declare that the above information and particulars are true and correct to the best of my knowledge and information.

**Signature of**   
04-oct-2023

**NAME OF THE EMPLOYEE:** Yogesh

**Employee:**

**DATED:** 04/10/2023

**EMPLOYEE CODE:**

**Please Note:** In case of change in address please go to the personal information section to update the same.

**For any queries contact:** [Payroll.Helpdesk@coforgetech.com](mailto:Payroll.Helpdesk@coforgetech.com)

To,  
HR Manager  
Coforge Limited

Dear Sir/Madam,

**Sub: Bank Credit Authorization**

I hereby authorize M/s Coforge Limited, to credit my monthly Salary/stipend, any operational advances, travel advances / settlements and or any other payment due to me on account of Full & Final Settlement, Gratuity Settlement Payment, etc. to my Saving Bank Account which is provided to you in my application or by me separately.  
I also agree to abide any policy change in this regard, in future.

Thanking you,

Yours faithfully,

Name of the Person / Employee: Yogesh

Emp code:

Address: Greater Noida

**DATE:** 04/10/2023

Signature of the Employee:

*Yogesh*  
04-oct-2023

(Only for people joining in Greater Noida campus)

Date: 04/10/2023

To,  
The Specified Officer  
Special Economic Zone Coforge Limited.  
Greater Noida.

Subject: **ISSUE OF SEZ Coforge Limited Greater Noida ENTRY CARD for Permanent Employees Vendors /Visitors/SEZ Rule 71.**

Sir,

Please issue **SEZ ENTRY CARD** to Mr. /Ms. Yogesh **Employee ID:** \_\_\_\_\_  
\_\_\_\_\_ as per the particulars appended below along with his/her photograph and signatures for duration of 5 years.

**Father/ Spouse Name:** Shiv Swaroop **Developer/Unit/Company Name:** Coforge Ltd.

**Age:** 24 **Date of Birth:** 14/05/2023 **Designation:** \_\_\_\_\_

**Permanent Address:** Tagore Garden Colony, Goverdhan Road, Mathura, Uttar Pradesh, 281004

**Present/Local Address:** Surajpur , Greater Noida

**Employee Signature:**

  
04-oct-2023

Thanking You  
Yours faithfully

(Signature Admin)  
For SEZ Coforge Limited



VERSION HISTORY

S.NO.	VER. NO.	PREPARED BY	REVIEWED BY	Revision Date	APPROVED BY	Remarks
1	1.1	Geetanjali	Neha Singh	30-Dec-2022	Sandeep Viridi	Updated KYC details area, and removed duplicate data.
2	1.2	Neha Singh	Sandeep Viridi	11-Jan-2023	Vikas Gugnani	New format, logo, classification details, increased space for experience details.
3	1.3	Neha Singh	Sandeep Viridi	28-Jun-2023	Vikas Gugnani	Added date formats, changed "Name of all Previous Companies" under experience details, Added percentage total under nomination details.
4	1.4	Neha Singh	Sandeep Viridi	24-Aug-2023	Vikas Gugnani	Removed Mother Tongue and State of Birth from the 1 <sup>st</sup> sheet. Point No. 13 under PF form revised. Signature placeholder added in Bank Credit Authorization.



## About Coforge

Coforge is a global digital services and solutions provider, that enables its clients to transform at the intersect of domain expertise and emerging technologies to achieve real-world business impact. A focus on very select industries, a detailed understanding of the underlying processes of those industries and partnerships with leading platforms provides us a distinct perspective. Coforge leads with its product engineering approach and leverages Cloud, Data, Integration and Automation technologies to transform client businesses into intelligent, high growth enterprises. Coforge's proprietary platforms power critical business processes across its core verticals. The firm has a presence in 21 countries with 25 delivery centers across nine countries.

Learn more: [www.coforge.com](http://www.coforge.com)

For more information, contact [information@coforge.com](mailto:information@coforge.com)

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