

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 Vishnukumar R 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	Rajendran 1/222Mahalakshmi amman kovil streetkannanur	Father	65	100
2	Rajeswari 1/222Mahalakshmi amman kovil streetkannanur	Mother	55	0
3				
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	Vishnukumar R
2. Sex	Male
3. Religion	
4. Whether unmarried/married/widow/widower	Single
5. Department/Branch/Section where employed	
6. Date of appointment	01 Nov 2021
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	Tamil Nadu
Place	Chennai
Signature/Thumb-impression of the Employee	I Vishnukumar R hereby agree that I have understood the terms and conditions of the current document accepted electronically on Sep 27 2021 07:20 (GMT) effective from Nov 1 2021
Date	01 Nov 2021

Declaration by Witnesses

Nomination signed/thumb-impressed before me Name in full and full address of witnesses.	Signature of Witnesses.
1.Kannan Mahalingam	1. 
2.	2.
Place	Chennai
Date	01 Nov 2021

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	01 Nov 2021
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	01 Nov 2021
Signature of the Employee	✓ I Vishnukumar R hereby agree that I have understood the terms and conditions of the current document accepted electronically on Sep 27 2021 07:20 (GMT) effective from Nov 1 2021

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

FULL AND FINAL SETTLEMENT NOMINATION FORM

1	Name of the Employee	Vishnukumar R
2	Father Name	Rajendran
3	Husband Name	
4	Date of birth	17 May 1998
5	Date of Joining	01 Nov 2021
6	Designation	Programmer Analyst
7	Gender	Male
8	Marital Status	Single
9	Permanent Address	1/222Mahalakshmi amman kovil streetkannanur kannanur Tamil Nadu India 621206
10	Present Address	1/222Mahalakshmi amman kovilstreetkannanur kannanur Tamil Nadu India 621206

DETAILS OF NOMINATION

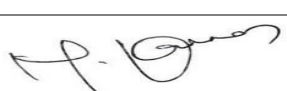
Sl.No	Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
1	Rajendran 1/222Mahalakshmi amman kovil streetkannanur	Father	07/05/1956	100
2	Rajeswari 1/222Mahalakshmi amman kovil streetkannanur	Mother	20/02/1966	0
3				
4				
5				
6				

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 : September 27,2021

PLACE: Chennai

✓ I Vishnukumar R hereby agree that I have understood the terms and conditions of the current document accepted electronically on Sep 27 2021 07:20 (GMT) effective from Nov 1 2021

Signature of the subscriber

GROUP TERM LIFE INSURANCE NOMINATION FORM

1	Name of the Employee	Vishnukumar R
2	Father Name	Rajendran
3	Husband Name	
4	Date of birth	17 May 1998
5	Date of Joining	01 Nov 2021
6	Designation	Programmer Analyst
7	Gender	Male
8	Marital Status	Single
9	Permanent Address	1/222Mahalakshmi amman kovil streetkannanur kannanur Tamil Nadu India 621206
10	Present Address	1/222Mahalakshmi amman kovilstreetkannanur kannanur Tamil Nadu India 621206

DETAILS OF NOMINATION

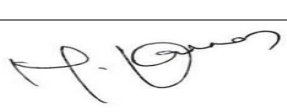
Sl.No	Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
1	Rajendran 1/222Mahalakshmi amman kovil streetkannanur	Father	07/05/1956	100
2	Rajeswari 1/222Mahalakshmi amman kovil streetkannanur	Mother	20/02/1966	0
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4				
5				
6				

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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 : September 27,2021

PLACE: Chennai

✓ I Vishnukumar R hereby agree that I have understood the terms and conditions of the current document accepted electronically on Sep 27 2021 07:20 (GMT) effective from Nov 1 2021

Signature of the subscriber

**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) : Vishnukumar R
- 2 **Father/Husband Name** : Rajendran
- 3 **Date of birth** : 17 May 1998
- 4 **Sex** : Male
- 5 **Marital Status** : Single
- 6 **Account No. (PF/EPS Number)** : 0010094
- 7 **Address (Residential)** :

PERMANENT	1/222Mahalakshmi amman kovil streetkannanur kannanur Tamil Nadu India 621206
TEMPORARY	1/222Mahalakshmi amman kovilstreetkannanur kannanur Tamil Nadu India 621206

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)
Rajendran 1/222Mahalakshmi amman kovil streetkannanur	Father	07/05/1956	100	
Rajeswari 1/222Mahalakshmi amman kovil streetkannanur	Mother	20/02/1966	0	
			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 Vishnukumar R hereby agree that I have understood the terms and conditions of the current document accepted electronically on Sep 27 2021 07:20 (GMT) effective from Nov 1 2021

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.

Name and Address of the Nominee	Date of Birth	Relationship with the member
(1)	(2)	(3)

✓ I Vishnukumar R hereby agree that I have understood the terms and conditions of the current document accepted electronically on Sep 27 2021 07:20 (GMT) effective from Nov 1 2021

Signature of the subscriber

****Strike out whichever is not applicable.**

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kumari **Vishnukumar R** 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 : 01 Nov 2021

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"/> Vishnukumar R
2	<input checked="" type="checkbox"/> Father's Name Spouse's name (Please tick whichever is applicable)	Rajendran
3	Date of Birth: (DD/MM/YYYY)	1 7 / 0 5 / 1 9 9 8
4	Gender: (Male/Female/Transgender)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
5	Marital Status (Married/unmarried/Widow/Widower/Divorcee)	Married <input checked="" type="checkbox"/> unmarried Widow/Widower Divorcee
6	(a) Email id:	v i s h n u 6 a j e n d r a n @ g m a i l . c o m
	(b) Mobile No:	9 8 9 4 3 2 7 9 4 7
7	Present Employment Details: Date of joining in the current establishment (DD/MM/YYYY)	01/11/2021
8	KYC Details: (attach self attested copies of following KYCs)	
	a)Bank Account No. & IFS Code	Name :VISHNU KUMAR R Number: 6505382801 IFSC: IDIB000T143
	b)NPR/AADHAAR	Name : Vishnukumar R Number :979219103431 Remarks:
	c)Permanent Account number(PAN),(if available)	Name:VISHNU KUMAR R Number: BOSP3504H Remarks:
	d)Driving License	Name:VISHNU KUMAR R Number: TN48Z20200001747 Remarks:05/16/2038
	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 ?	<input checked="" type="checkbox"/> Yes No
10	Whether earlier a Member of the Employee's Pension Scheme, 1995?	<input checked="" type="checkbox"/> Yes No

11	Previous Employment Details:[If yes to 9 AND/OR 10 Above]-Un-exempted					1 0 1 4 8 9 6 9 0 1 3 0		
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)	
	TN	MAS	1478028	000	0010094	17/07/2019	00000	
c) Date of exit from Previous Employment:(DD/MM/YYYY)								
3 1 / 1 0 / 2 0 2 1								
d) Scheme Certificate No.(if issued)								
e) Pension payment Order(PPO) No.(if issued)								
Name								
VISHNU KUMAR R								
Address								
1 / 222, Mahalakshmi amman kovil street, Kannanur – 621206								
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:							
	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: 01/11/2021
Place: Chennai

✓ I Vishnukumar R hereby agree that I have understood the terms and conditions of the current document accepted electronically on Sep 27 2021 07:20 (GMT) effective from Nov 1 2021
Signature of the member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs.Vishnukumar R..... has joined on01/11/2021..... 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:

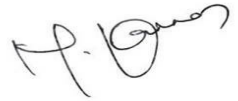
◦ the above PF number of the member as mentioned in (A) above has been tagged with his/her UAN /previous member id as declared by member

◦ **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: 01/11/2021.



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.