

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

Cognizant Technology Solutions India Private LimitedGround Floor,SDB-1,Plot No H-4,SIPCOT IT PARK,Padur Post,Siruseri,Chengalpattu District – 603103,Tamil Nadu,India.

I, Shri/Shrimati/Kumari Gopal Kumar 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.

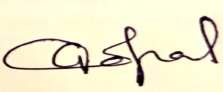
6. Nomination made herein invalidates my previous nomination.

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	Asha 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Wife	23	100
2	Pradyumna 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Son	0	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	Gopal Kumar
2. Sex	Male
3. Religion	
4. Whether unmarried/married/ widow/widower	Married
5. Department/Branch/Section where employed	
6. Date of appointment	02 Jun 2025
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	Jharkhand
Place	Kolkata
Signature/Thumb-impression of the Employee	
Date	02 Jun 2025


Declaration by Witnesses

Nomination signed/thumb-impressed before me Name in full and full address of witnesses.	Signature of Witnesses.
1.Pravin Mathiyalagan Kumar	1. 
2.	2.
Place	Kolkata

Date	02 Jun 2025
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Certificate by the Employer

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

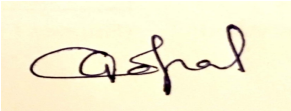
Employer's Reference No., if any	
Signature of the employer/Officer authorised Designation	
Date	02 Jun 2025
Name and address of the establishment or rubber stamp thereof.	Cognizant Technology Solutions India Private Limited Ground Floor,SDB-1,Plot No H-4,SIPCOT IT PARK,Padur Post,Siruseri,Chengalpattu District – 603103,Tamil Nadu,India.

Acknowledgement by the Employee

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

Date	02 Jun 2025
Signature of the Employee	✓ I Gopal Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 21 2025 17:09 (GMT) effective from Jun 2 2025

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



FULL AND FINAL SETTLEMENT NOMINATION FORM

1	Name of the Employee	Gopal Kumar
2	Father Name	Bashu Deo Mahato
3	Husband Name	
4	Date of birth	13 Jan 1997
5	Date of Joining	02 Jun 2025
6	Designation	Sr. Associate – Projects
7	Gender	Male
8	Marital Status	Married
9	Permanent Address	128Gandhi nagar colonyJodhadih more chasSolagidih Talav Bokaro steel city Jharkhand India 827013
10	Present Address	128Gandhi nagar colonyJodhadih more chasSolagidih Bokaro steel city Jharkhand India 827013

DETAILS OF NOMINATION


Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
Asha 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Wife	24/04/2002	100
Pradyumna 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Son	11/05/2025	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.

Witness	
Name	Pravin Mathiyalagan Kumar
Signature	
Address	

DATE : May 21,2025

PLACE: Kolkata

✓ I Gopal Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 21 2025 17:09 (GMT) effective from Jun 2 2025

Signature of the subscriber

GROUP TERM LIFE INSURANCE NOMINATION FORM

1	Name of the Employee	Gopal Kumar
2	Father Name	Bashu Deo Mahato
3	Husband Name	
4	Date of birth	13 Jan 1997
5	Date of Joining	02 Jun 2025
6	Designation	Sr. Associate – Projects
7	Gender	Male
8	Marital Status	Married
9	Permanent Address	128Gandhi nagar colonyJodhadih more chasSolagidih Talav Bokaro steel city Jharkhand India 827013
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Asha 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Wife	24/04/2002	100
Pradyumna 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Son	11/05/2025	0

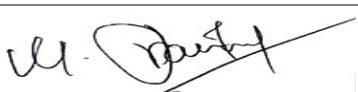
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DECLARATION

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	Pravin Mathiyalagan Kumar
Signature	
Address	

DATE : May 21,2025

PLACE: Kolkata

✓ I Gopal Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 21 2025 17:09 (GMT) effective from Jun 2 2025 undefined
Signature of the subscriber

**FORM 2 (Revised)****NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENT**

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) : Gopal Kumar
2 **Father/Husband Name** : Bashu Deo Mahato
3 **Date of birth** : 13 Jan 1997
4 **Sex** : Male
5 **Marital Status** : Married
6 **Account No.** (PF/EPS Number) : 0010218
7 **Date of Joining in EPF and EPS** : 02 Jun 2025
8 **Address** (Residential) :

PERMANENT	128Gandhi nagar colonyJodhadih more chasSolagidih Talav Bokaro steel city Jharkhand India 827013
TEMPORARY	128Gandhi nagar colonyJodhadih more chasSolagidih Bokaro steel city Jharkhand India 827013

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:

PART – A (EPF)

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
Asha 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Wife	24/04/2002	100	
Pradyumna 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	Son	11/05/2025	0	Asha,Wife,128Gandhi nagar colonyJodhadih more chasSolagidih Talav
			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 Gopal Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 21 2025 17:09 (GMT) effective from Jun 2 2025 undefined

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

PART – B (EPF)(para 18)

Name and address of the family members	Date of Birth	Relationship with the member
Asha 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	24/04/2002	Wife
Pradyumna 128Gandhi nagar colonyJodhadih more chasSolagidih Talav	11/05/2025	Son

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

✓ I Gopal Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 21 2025 17:09 (GMT) effective from Jun 2 2025 undefined

Signature of the subscriber

CERTIFICATE BY EMPLOYER

Dated the : 02 Jun 2025

Cognizant Technology
Solutions India Private
Limited ,
Ground Floor,SDB-
1,Plot No H-4,SIPCOT
IT PARK,Padur
Post,Siruseri,Chengalpattu
District – 603103,Tamil
Nadu,India.



Signature of Employer with seal of establishment

Designation: Director – HR

GUIDANCE FOR FILLING THE FORM No-2

Employee Provident Fund Scheme, 1952 **(EPF)**

Para 33: Declaration by persons already employed at the time of institution of the fund:

Every person who is required or entitled to become a member of the Fund shall be asked forthwith by his employer to furnish and shall, on such demand, furnish to him, for communication to the Commissioner, particulars concerning himself and his nominee required for the declaration form in Form 2. Such employer shall enter the particulars in the declaration form and obtain the signature or thumb impression of the person concerned.

Para 61: Nomination

1. Each member shall make in his declaration in Form 2, a nomination conferring the right to receive the amount that may stand to his credit in the Fund in the event of his death before the amount standing to his credit has become payable, or where the amount has become payable before payment has been made.
2. A member may in this nomination distribute the amount that may stand to his credit in the Fund amongst his nominees at his own discretion.
3. If a member has a family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his family. Any nomination made by such member in favour of a person not belonging to his family shall be invalid. Provided that 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.
4. If at the time of making a nomination the member has no family, the nomination may be in favour of any person or persons, but if the member subsequently acquires a family, such nomination shall forthwith be deemed to be invalid, and the member shall make a fresh nomination in favour of one or more persons belonging to his family.
5. Where the nomination is wholly or partly in favour of a minor, the member may, for the purposes of this scheme appoint a major person of his family, as defined in clause (g) of paragraph 2, to be the guardian of the minor nominee in the event of the member predeceasing the nominee and the guardian so appointed. Provided that where there is no major person in the family, the member may, at his discretion, appoint any other person to be a guardian of the minor nominee.
6. A nomination made under sub-paragraph (1) may at any time be modified by a member after giving a written notice of his intention of doing so in Form 2. If the nominee predeceases the member, the interest of the nominee shall revert to the member who may make a fresh nomination in respect of such interest.
7. A nomination or its modification shall take effect to the extent that it is valid on the date on which it is received by the commissioner.

Para 2(g): Family Means

(i) in the case of a male member, his wife, his children, whether married or unmarried, his dependent parents and his deceased son's widow and children;

Provided that if a member proves that his wife has ceased, under the personal law governing him or the customary law of the community to which the spouses belong, to be entitled to maintenance she shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently intimates by express notice in writing to the commissioner that she shall continue to be so regarded; and

(ii) In the case of a female member, her husband, her children, whether married or unmarried, her dependent parents, her husband's dependent parents, her deceased son's widow and children;

Provided that if a member by notice in writing to the commissioner expresses her desire to exclude her husband from the family, the husband and his dependent parents shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently cancels in writing any such notice.

Explanation: In either of the above two cases, if the child of a member [or as the case may be, the child of a deceased son of the member] has been adopted by another person and if, under the personal law of the adopter, adoption is legally recognised, such a child shall be considered as excluded from the family of the member

Employee Pension Scheme, 1995
(EPS)

Para 18: Particulars to be supplied by employees already employed at the time of commencement of the Employees Pension Scheme.

Every person who is entitled to become a member of the Employees Pension Fund shall be asked forth with by his employer to furnish and that person shall, on such demand, furnish to him for communication to the Commissioner particulars concerning himself and his family in the form prescribed by the Central Provident Fund Commissioner.

Para 2(vii): Family Means:

(i) Wife in the case of a male member of the Employees's Pension Fund.

(ii) Husband in the case of a female member of the Employees's Pension Fund;and

(iii) Sons and daughters of a member of the Employees Pension Fund;

Explanation–The expression "Sons" and "daughters" shall include children [Legally adopted by the member]

Note: Members can nominate a person to receive benefits under the Employees' Pension Scheme 1995 where a member is unmarried or does not have any family. Such nominee shall be paid pension equal to widow pension in case of death of member.



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"/> Gopal Kumar
2	<input checked="" type="checkbox"/> Father's Name Spouse's name (Please tick whichever is applicable)	Bashu Deo Mahato
3	Date of Birth: (DD/MM/YYYY)	1 3 / 0 1 / 1 9 9 7
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)	<input checked="" type="checkbox"/> Married <input type="checkbox"/> unmarried <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorcee
6	(a) Email id:	g o p a l 1 3 1 9 7 @ g m a i l . c o m
	(b) Mobile No:	9 0 1 9 8 6 9 3 6 8
7	Present Employment Details: Date of joining in the current establishment (DD/MM/YYYY)	02/06/2025
8	KYC Details:(attach self attested copies of following KYCs)	
	a)Bank Account No. & IFS Code	Name :HDFC Number: 50100305445072 IFSC: hdfc0000329
	b)NPR/AADHAAR	Name : Gopal Kumar Number :314844463107 Remarks:
	c)Permanent Account number(PAN),(if available)	Name:GopalKumar Number: EWQPK1807R Remarks:
	d)Driving License	Name: Number: Remarks:
	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 <input type="checkbox"/>

10	Whether earlier a Member of the Employee's Pension Scheme, 1995?					Yes ✓ No	
11	Previous Employment Details:[If yes to 9 AND/OR 10 Above]–Un–exempted					1 0 1 4 8 1 4 6 5 9 4 9	
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)
MR		NOI	1355976	000	0010218	24/06/2019	00000
c) Date of exit from Previous Employment: (DD/MM/YYYY)							
3 0 / 0 5 / 2 0 2 5							
d) Scheme Certificate No.(if issued)							
e)Pension payment Order(PPO) No.(if issued)							
Name							
Gopal Kumar							
Address							
#128, Gandhi nagar colony, Jodhadih more chas, Bokaro, 827013							
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:							
T4533138							
d)Validity of Passport[(DD/MM/YYYY)to(DD/MM/YYYY)]							
0 1 / 0 4 / 2 0 1 9 to 3 1 / 0 3 / 2 0 2 9							

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: 02/06/2025

Place: Kolkata

✓ I Gopal Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on May 21 2025 17:09 (GMT) effective from Jun 2 2025 undefined
Signature of the member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs.Gopal Kumar..... has joined on02/06/2025..... 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: 02/06/2025.



Signature of Employer with seal of establishment

Designation: Director – HR

Cognizant Technology Solutions India
Private Limited ,
Ground Floor,SDB-1,Plot No H-4,SIPCOT
IT PARK,Padur Post,Siruseri,Chengalpattu
District – 603103,Tamil Nadu,India.