



ISMS (Information Security Management System) Compliance Undertaking

I hereby confirm that I will abide with Information Security Policy & Acceptable IT Usage Policy of Capgemini India, that are published at <https://talent.capgemini.com/in/pages/supportfunctions/isms/> . I will read these policies within 5 days of commencement of employment at Capgemini and shall comply on ongoing basis with all the obligations articulated therein.

I understand that the purpose of these documents is to define acceptable and unacceptable behaviour when using Capgemini India computing facility and to know what actions may be taken if the terms of this agreement are violated.


Further I hereby undertake that I will abide by the provisions of these policies all the time.

Name of employee: Sunkara Grace Epsiba

Location: Bangalore

Date of Acknowledgement (dd-mmm-yyyy, timestamp in UTC zone): 5/16/2024 4:36:02 PM

I agree and acknowledge the above information: Yes

DocuSigned by:

FB90D0471FD140B...



CAPGEMINI TECHNOLOGY SERVICES INDIA LIMITED
Plot No.14, Rajiv Gandhi Infotech Park,
Hinjewadi, Phase-III, MIDC-SEZ, Village Man Taluka Mulshi,
Pune, Maharashtra - 411057

ACKNOWLEDGEMENT

I hereby confirm that I will abide with the standards of conduct set forth in Capgemini Code of Business Ethics ("Code") which is available at

http://talent.capgemini.com/global/pages/about_us/our_group/ethicsandcompliance/code_business_ethics/ and

imbibe the spirit of the Code in my conduct in Capgemini.


I undertake that I will undergo the E-learning Training on the Code within fifteen days of my joining at Capgemini.

Name of Employee: Sunkara Grace Epsiba

Date of Acknowledgement (dd-mmm-yyyy, timestamp in UTC zone): 5/16/2024 4:36:02 PM

Location: Bangalore

I agree and acknowledge the above information: Yes

DocuSigned by:

FB90D0471FD140B...

Employee Self Declaration

Subject: Pre Employment Medical Fitment

Name: Sunkara Grace Epsiba

Location: Bangalore

Designation: Consultant


I have got myself medically examined in the last 3 months and declare that I am medically fit. I have no communicable disease and I am not addicted to drugs or substance abuse. I will be liable for disciplinary action if this declaration is found false.

I am aware of the fact that in case it comes to the knowledge of Capgemini that my representations are not true, Capgemini shall have the right to terminate my services forthwith without assigning any reasons whatsoever, without any notice.

I confirm that I am making the affidavit on oath and am aware of the conditions of the same and the above shall be binding upon me at all times during my services at Capgemini.

Date of Acknowledgement (dd-mmm-yyyy, timestamp in UTC zone): 5/16/2024 4:36:02 PM

I agree and acknowledge the above information: Yes

DocuSigned by:

FB90D0471FD140B...



CAPGEMINI TECHNOLOGY SERVICES INDIA LIMITED
Plot No.14, Rajiv Gandhi Infotech Park, Hinjewadi,
Phase-III, MIDC-SEZ, Village Man Taluka Mulshi,
Pune, Maharashtra – 411057
www.capgemini.com

ACKNOWLEDGEMENT

I agree to abide by Group Anti-Corruption Policy which is available at :

https://talent.capgemini.com/global/pages/about_us/global_functions/ethicsandcompliance/policies_guidelines/policies/Group_Anti_Corruption_Policy/


I also undertake to undergo the e-learning Training on the Group Anti-Corruption Policy within fifteen days of my joining at Capgemini.

Name of Employee: Sunkara Grace Epsiba

Date of Acknowledgement (dd-mmm-yyyy, timestamp in UTC zone): 5/16/2024 4:36:02 PM

Location: Bangalore

I agree and acknowledge the above information: Yes

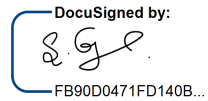
DocuSigned by:

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EQUAL OPPORTUNITY FORM

Capgemini is an equal opportunity employer. As per the policy, employees with disabilities (including persons with orthopedic, visual hearing, speech, learning disabilities, psycho-social impairment, multiple disabilities or any other medical condition} can seek any reasonable adjustment that they may need due to their disability. Sharing information on disability is voluntary*. The information would be kept confidential, and would be shared only with relevant people who may need to provide the adjustment that you may have requested for or to the Emergency Team, in case you need any support during emergency situation. This information would also enable Capgemini to pass on any benefits like Income/ Professional Tax exemptions etc. provided by the Indian Government to people with disabilities. Please submit the Disability Certificate for getting Government benefits.

Q.1	Do you have any disability/medical condition? (Yes/No)	No
Q.2	<p>What is the nature of your Impairment? Please tick an appropriate option:</p> <ul style="list-style-type: none">● Locomotor Disability● Leprosy Cured persons● Cerebral Palsy● Dwarfism● Muscular Dystrophy● Acid Attack victim● Blindness● Low-vision● Hearing Impairment● Speech and Language disability● Intellectual Disability● Specific Learning Disabilities● Autism Spectrum Disorder● Mental Illness● Chronic Neurological conditions● Multiple Sclerosis● Parkinson's disease● Hemophilia● Thalassemia● Sickle Cell disease● Multiple Disabilities (more than one of the above specified) including deaf blindness	

Q.3	Do you need any work place adjustments/assistance to enable you to Perform your job? (Yes/ No)	No
<i>If yes, please specify</i>		
Q.4	Do you need any assistance in the event of an emergency evacuation (Yes/No)	No
<i>If yes, please specify</i>		
Q.5	Do you have a Disability Certificate issued by the Government? (Yes/No)	
Date of Acknowledgment : 5/16/2024 4:36:02 PM (dd-mmm-yyyy, timestamp in UTC zone)		 I agree and acknowledge the above information: Yes
<p>* Please Note that any information provided by the employee will be processed according to the fair principles laid down in the Capgemini Data Privacy Policy. The detailed text of the policy will be available on http://talent.capgemini.com/media_library/Medias/Legal/Capgemini_Data_Protection_Policy - 22.4.2015.pdf</p>		



Ethics & Compliance

The Blue Book contains the Group Fundamentals, Guidelines and Policies.

In our largely decentralized and entrepreneurial organization, it is critical to have a set of common guidelines and procedures which govern our fundamental operation as a Group. The Group "Blue Book" originally created in 1989 as a managers' rulebook – which was blue in color! - it provides a common framework for every employee to work effectively as one Group.


The Blue Book tells you everything you need to know about the Group's objectives, ethics and values, governance and organization structures, as well as key principles and processes in the areas of Sales, Risk Management, Pricing & Contracting, Legal, Delivery and support processes such as Finance, HR, IT and many more.

A copy of Blue Book can be downloaded at the following link

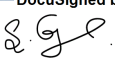
http://talent.capgemini.com/global/pages/about_us/our_group/ethicsandcompliance/policies_guidelines/policies/blue_book_intro

Date of Acknowledgement (dd-mmm-yyyy, timestamp in UTC zone): 5/16/2024 4:36:02 PM

I agree and acknowledge the above information: Yes

DocuSigned by:

FB90D0471FD140B...

JOINING MASTER SHEET

Onboarding Checklist- Standard				
	First Name	Middle Name	Last Name	
Employee Name	Sunkara Grace		Epsiba	
Employee ID				
	MM-DD-YYYY		MM-DD-YYYY	
Birth Date	6/16/1987	Date of Joining	5/20/2024	
Sl. No.	Documents		Applicability(Tick)	Furnished(Tick)
1	Offer letter			
2	Service Agreement (If Applicable)			
3	PAN card photocopy			
4	Address proof - Photocopy of any one of the below document * AADHAAR card * Passport * Others			
5	Degree marks sheets / Passing certificates			
6	Post Graduate marks sheets & certificates			
7	Relieving letter / Experience letters			
8	Passport size photographs (2 nos)			
9	Joining Master sheet along with			
	a) Insurance nomination form			
	b) Nomination form (Full and Final settlement)			
	c) PF Form- 2			
	d) PF Declaration Form - 11			
	e) Form 'F' nomination			
	f) ESI Scheme Declaration Form			
	g) ISMS Compliance undertaking form			
	h) Pre Employment Medical Fitment			
	i) Acknowledgement - Code of Business Ethics			
j) Acknowledgment - Anti-Corruption Policy				
k) Acknowledgement - Equal Opportunity Form				
l) Blue Book				
10	Undertaking:			
	<u>Document Name</u>	<u>Submit by Date</u>		
	i)			
	ii)			
	iii)			
<p>I hereby declare that:</p> <ul style="list-style-type: none"> - Copies of the above documents have been submitted for the purpose of documentation and all originals have been taken back post verification - I will submit the above pending documents on or before the above mentioned date <p>Documented by: </p> <p>Candidate Signature Date 5/20/2024</p>				
<p>For HR use only</p> <p>Name Signature Date 5/20/2024</p>				

JOINING MASTER SHEET

Personal Details			
Full Name (as given in your passport with initials expanded)			
First	Middle	Last Name	
Sunkara Grace		Epsiba	
Designation as per offer letter	Band as per Offer letter	Date of Joining	Place of Posting
Consultant	B2	5/20/2024	Bangalore
Marital status: Married		Mobile: 9390002871 Landline: 9396333162	
Marriage Date: 12/27/2013		Emergency:	
Gender: Female		Personal Email ID: graceepsiba.sunkara@gmail.com	
Date of birth (MM/DD/YYYY): 6/16/1987		Passport No. X3111100 Issue Date: 3/20/2024	
Place of birth: Kakinada		Expiry Date: 3/19/2034 Passport issued City: Hyderabad	
Birth Country: India		Pan No.: IVRPS3250L	
Nationality: Indian		AADHAAR No.: 208610572321	
		"AADHAAR number (for PF/ESI/Statutory purpose only)"	
		Disability/Medical Condition(Yes/No): No	
		(Please refer equal opportunity form)	
		Nature of Disability:	

Family Details					
Particulars	Father	Mother	Spouse/ Partner	Child 1	Child 2
Full Name	Sunkara Bandi Rao	Sunkara Macharamma	Pokanati Dharma Raju		
Gender	Male	Female			
Date of Birth	1/1/1967	2/1/1970	7/28/1982		

Languages Known			
Language	Read	Write	Speak
English	Advanced	Advanced	Advanced

JOINING MASTER SHEET

Address details		
	Complete Address	Emergency contact details
Permanent Address	Hyderabad	Name: Pokanati Dharma Raju Relationship: Contact Number:
Same as Current Address	Yes	
Current Address	LIG-L-20,110,Chitrapuri colony, Near Malakmma Bangalore 500104 Telangana India	Name: P Dharma Raju Relationship: Husband Contact Number:
Secondary Emergency Address		Name: Sunkara Raju Relationship: Brother Contact Number:

Educational Qualifications

Highest Qualification Master's Degree	
College Name & Address	Ideal Colleges Arts & Sciences
University Name & Address	Andhra University, Visakhapatnam
Program: Master of Science	Period: (MM/DD/YYYY) Start Date: <u>6/12/2007</u> Date of Passing: <u>5/6/2009</u>
Type of degree: <u>Full Time</u> Specialization: <u>Computers/IT</u>	Percentage/Rank/Grade/Class: <u>75 %</u> Roll/SeatNumber: <u>205021087</u>

Other Qualification 1 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

JOINING MASTER SHEET

Other Qualification 2 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

Other Qualification 3 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

JOINING MASTER SHEET

Employment Details

Sl.No	Employer Name	Employer Location	Start and End date (MM/DD/YYYY)	Designation	Employment Type (Full/Part Time)
1	OJAS Innovative Technologies Pvt	Hyderabad	11/19/2018 5/10/2024	Senior software	Full Time
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Nomination Details

Personal Accident Insurance (Personal Accident + Life Cover + Medical Insurance)					
	1	2	3	4	5
Nominee Name	Pokanati Dharma Ra				
Relationship	Spouse - Male				
Address	Chitrapuri Colony				
City					
Date of Birth	7/28/1982				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

Provident Fund/Family Pension & Life Assurance					
	1	2	3	4	5
Nominee Name	Pokanati Dharma Ra				
Relationship	Spouse - Male				
Address	Chitrapuri Colony				
City					
Date of Birth	7/28/1982				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

Gratuity					
	1	2	3	4	5
Nominee Name	Pokanati Dharma Ra				
Relationship	Spouse - Male				
Address	Chitrapuri Colony				
City					
Date of Birth	7/28/1982				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

Employee State Insurance Corporation (ESIC)					
	1	2	3	4	5
Nominee Name	pokanati Dharma Ra	Pokanati Vihan	Pokanati Shreshta		
Relationship	Spouse - Male	Son	Daughter		
Address	Chitrapuri Colony	Chitrapuri Colony	Chitrapuri Colony		
City					
Date of Birth	7/28/1982	12/7/2014	3/21/2018		
Age (in years)					
Amount of share of accumulation %	50	25	25		

Salary/Full & Final settlement /Other dues					
	1	2	3	4	5
Nominee Name	Pokanati Vihan				
Relationship	Son				
Address	Chitrapuri Colony				
City					
Date of Birth	12/7/2014				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

To be mandatorily filled if the monthly gross salary is less than INR 21,000.

AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.



INSURANCE NOMINATION FORM

(To be filled in by employee)

I, Sunkara Grace Epsiba E.Code

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable

Policy Name	Name Of Nominee's	Relationship	Address Of Nominee	% of distribution
Mediclaime / Personal Accident / LifeCover	Pokanati Dharma Raju	Spouse - Male	Chitrapuri Colony	100

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Limited [Company] liability and no one party shall have any rights upon the Company w.r.t aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement between me and the Company. There are no oral or written understandings, representations, warranties or commitments of any kind, express or implied, in relation to the matters dealt with this that are not expressly set out in this document.

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event / claim during my employment with Company.

Full Name and Location of Witnesses

1. _____

2. _____

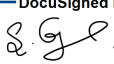
Signature of Witnesses

1. _____

2. _____

Date: 5/20/2024

Place: Bangalore

DocuSigned by:

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Signature of employee



NOMINATION FORM
(To be filled by employee)

I, **Sunkara Grace Epsiba**

Address **LIG-L-20,110,Chitra** **Bangalore** (EMP Code)
Telangana **500104** **India**

Nominate the following person/s, to whom in the event of my death the amount towards my Salary/Full and Final settlement/Other dues accrued to me by virtue of my employment with Capgemini Technology Services India Ltd. [Company], will be payable:-

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee	Pokanati Vihan		
Relationship	Son		
Address of Nominee	Chitrapuri Colony		
% of distribution	100	0	0

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Company's liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

Full Name and Location of Witnesses

1. _____

2. _____

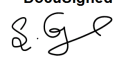
Signature of Witnesses

1. _____

2. _____

Date: **5/20/2024**

Place: **Bangalore**

DocuSigned by:

FB90D0471FD140B...
Signature of employee

Emp Code:

FORM.2 (REVISED)
NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED I EXEMPTED ESTABLISHMENTS

Declaration and Nomination form under the Employees' Provident Fund and Employees' Family Pension scheme
(Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Family Pension Scheme, 1995)

1. Name (in block Letters) : Sunkara Grace Epsiba

2. Father's /Husband's Name : Sunkara Bandi Rao

3. Date of Birth : 6/16/1987

4. Sex : Female

5. Marital Status : Married

6. PF Account No. :

7. Pension Account No. :

8. Residential Address : LIG-L-20,110,Chitra Bangalore
Telangana 500104 India

PART - A (EPF)

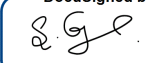
I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death:

Name of the Nominee/s	Address	Nominee's relationship with member	Age of Nominee (S)	Total amount of share of accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
Pokanati Dharma Raju	Chitrapuri Colony	Spouse - Male		100	
				0	
				0	
				0	
				0	

*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.

*Strike out whichever is not applicable.

DocuSigned by:


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Signature/or Thumb impression of the subscriber

PART-B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension & Life Assurance benefits in the event of my premature death in service.

Sr. No	Name and address of the family members	Date of Birth	Relationship with the member
1	pokanati Dharma Raju Chitrapuri Colony	7/28/1982	Spouse - Male
2	Pokanati Vihan Chitrapuri Colony	12/7/2014	Son
3	Pokanati Shreshta Chitrapuri Colony	3/21/2018	Daughter

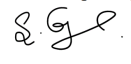
**Certified that I have no family, as defined in para 2(vii) of Employees 'Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

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

Sr. No	Name and Address of the Nominee	Date of Birth	Relationship with the member
1	pokanati Dharma Raju Chitrapuri Colony	7/28/1982	Spouse - Male
2	Pokanati Vihan Chitrapuri Colony	12/7/2014	Son
3	Pokanati Shreshta Chitrapuri Colony	3/21/2018	Daughter

Date: 5/20/2024

*Strike out whichever is not applicable

DocuSigned by:

 FB90D0471FD140B...
 Signature/ or Thumb impression of the Subscriber

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 entries/ the entries have been read over to him/her be me and got confirmed by him/her.

For Capgemini Technology Services India Ltd

Date:

Place:

Authorized Signatory
 Capgemini Technology Services India Limited
 Plant.2, Block A, Godrej IT Park,
 Godrej & Boyce compound, LBS Marg,
 Vikhroli (West), Mumbai-400079

Note:

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME: PART- A (EPF)

If married: Spouse, Children (Married/Unmarried), his/her dependent parents, deceased son's widow and children if unmarried: Mother, Father, Brother Sister or any other person(s).

(B) UNDER THE FAMILY PENSION SCHEME : PART - B (EPS)(Para18)

If married: Spouse, Children (include children adopted legally before death in service.) if unmarried : Mother, Father

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under in case of:

(I) Married

- (a) Wife in the case of male member;
- (b) husband in the case of female member; and
- (c) Sons and daughter upto age of 25 years

Explanation: The expression "Sons" and "Daughters" shall include children adopted legally before death in service.

(I) Unmarried

- (a) Mother
- (b) Father

***Further please note a fresh nomination shall be made by the member on his/ her marriage and any nomination made before such marriage shall be deemed to be invalid.



Composite Declaration Form -11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' 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	Sunkara Grace Epsiba							
2	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/>	Sunkara	Bandi Rao						
		Pokanati	Dharma Raju						
3	Date of Birth: (MM/DD/YYYY)	6/16/1987							
4	Gender: (Male/Female/Transgender)	Female							
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Married							
6	(a) Email ID:	graceepsiba.sunkara@gmail.com							
	(b) Mobile No.:	9390002871							
7	Present employment details: Date of joining in the current establishment (MM/DD/YYYY)	5/20/2024							
8	KYC Details: (attach self attested copies of following KYCs)								
	a) Bank Account No. :								
	b) IFS Code of the branch:								
	c) AADHAR Number	208610572321							
	d) Permanent Account Number (PAN), if available	IVRPS3250L							
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No							
10	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No							
11	Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted								
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (MM/DD/YYYY)	Date of exit (MM/DD/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days	
		1013843589							
12	Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts								
	Name & Address of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days		
13	a) International Worker:				Yes / No				
	b) If yes, state country of origin (India/Name of other country)								
	c) Passport No.								
	d) Validity of passport [(MM/DD/YYYY to (MM/DD/YYYY)]								

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/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the P.F Account as I am an Aadhar verified employee in my previous PF account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 5/20/2024

Place: Bangalore

DocuSigned by:

Employee Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs _____ has joined on _____ and has been allotted PF no. _____ and UAN _____
- B. In case the person was earlier not a member of EPS scheme, 1952 and EPS, 1995:
- 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/e-sign.
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- Please tick the appropriate option:
 - ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature
 - ☐ Certificate and transfer request has been generated on portal.
 - ☐ The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:

Signature of Employer with Seal of
Establishment

* Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form 13) for transfer of account from the previous establishment.

FORM F

See Sub-rule (1) of Rule 6

Nomination

To,
Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

I, Shri/ Shrimati/Kumari **Sunkara Grace Epsiba**

Whose recently 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.

- 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.
- 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 depend on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the provision to clause (h) of
- Nomination made here in invalidates my previous nomination.

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
Pokanati Dharma R Chitrapuri Colony	Spouse - Male		100
			0
			0

Statement

1 Full name of the employee : **Sunkara Grace Epsiba**

2 Sex : **Female**

3 Religion :

4 Whether unmarried/married/widow/widower : **Married**

5 Department/Branch/Section where employed :

6 Post held with Ticket No. or Serial No., if any :

7 Date of appointment : **5/20/2024**

8 Permanent Address : **LIG-L-20,110,Chitra
Telangana 500104**

Village: Thana: Sub-division:

Post Office : District: State:

Place: **Bangalore**

Date: **5/20/2024**

**Bangalore
India**

DocuSigned by:



FB99D0471ED140B
Signature/Thumb Impressed of the Employee

Declaration of Witnesses

Nomination signed/ Thumb-impressed before me

Full Name and Location of Witnesses

Signature of Witnesses

1. _____

1. _____

2. _____

2. _____

Place: Bangalore

Date: 5/20/2024

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 authorized
Designation


Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

Date: _____

Acknowledgement by the Employee

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

Date: 5/20/2024

DocuSigned by:

FB90D0471FD140B...
Signature of the Employee

Note- Strike out the words/paragraphs not applicable



DECLARATION FORM_FORM 1

Sr.No	Particulars	Fill up by Employee all points is necessary
A	Employee Details	
	* Whether Earlier Member of ESI Scheme (Yes/No)	
	* If Yes, your earlier ESI Number	
	Employee ID	
1	Employee's Full Name	Sunkara Grace Epsiba
2	Father's Name	Sunkara Bandi Rao
3	Spouse's Name	Pokanati Dharma Raju
4	Gender	Female
5	Date of Birth	6/16/1987
6	Date of Joining	5/20/2024
7	Marital Status	Married
8	Religion	
9	Nationality	Indian
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	LIG-L-20,110,Chitrapuri colony, Near Malakmma cheruvu,Hydera
	Area	
	City	Bangalore
	District	
	State	Telangana
	Pin Code	500104
12	Temporary Address	LIG-L-20,110,Chitrapuri colony, Near Malakmma cheruvu,Hydera
	Area	
	City	Bangalore
	District	
	State	Telangana
	Pin Code	500104
13	STD Code & Telephone Number	9396333162
14	Mobile/Cell Number	9390002871
15	Email ID	graceepsiba.sunkara@gmail.com
16	PAN Number	IVRPS3250L
17	Do you have AADHAAR Card ? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	208610572321

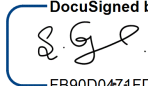
B) EMPLOYEE'S FAMILY DETAILS							
Sr. No.	Name of Family Member	Relationship	DOB	Whether residing with him/her	If No, state place of residence	Whether AADHAAR available?	If Yes, AADHAAR No.
1	pokanati Dharma Raju	Spouse - Male	7/28/1982				
2	Pokanati Vihan	Son	12/7/201				
3	Pokanati Shreshta	Daughter	3/21/201				
4							
5							

C) Details of Nominee u/s 71 of ESI Act 1948/Rule -56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.		
Name	Relationship	Address

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

Signature by Employer

DocuSigned by:



Signature of Insured Person/Employee

To be mandatorily filled if the monthly gross salary is less than INR 21,000.

AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.