

Capgemini India - Joining Report							
First Name / Given Name	HARSHIT	Middle Name		Last Name / Surname	KAUSHIK		
Designation as per offer Letter	SENIOR ANALYST	Band as per offer letter	A5	Joining Status			
Date of Joining	5-Sep-18	Place of Posting	PUNE	Current Cell No.	8114418738		
Sex (Male / Female)	MALE	Marital Status	Single	Personal E-mail ID	hk14kaushik@gmail.com		
Date of Birth	14/11/1995	Birth Place	Jaipur	Marriage Date			
Birth Country	India	Nationality	Indian	Blood Group	B+		
Passport No	M0905819	Issue Date	11/ 8/ 2014	Expiry Date	10/ 8/ 2024		
Passport Issued City	JAIPUR	State	RAJASTHAN	Correct Pan No.	GZKPK6131F		
Disability/ Medical Condition (Yes/ No)	NO	Husband's name (in case of married women)		Nature of disability			
If any other please write							
Family Information							
	FIRST NAME	MIDDLE NAME	LAST NAME	GENDER	DOB	AGE	Relationship
Wife/ HUSBAND'S NAME							
CHILD1							
CHILD2							
FATHER	Bhotesk	Kumar	Kaushik	MALE	16/3/1996	52	Father
MOTHER	Sunita		Sharma	FEMALE	11-May-65	53	Mother
Bank a/c Name and Number							
HDFC BANK, 50100248215607							
Address Details							
Particulars	Permanent Address	Correspondence Add	Emergency Address	Read	Write	Speak	
	H 40 Tagore PATH	Employee Relaxation centre,	Employee Relaxation centre,	English	English	English	
Line2	Bani Park	Capgemini,Rajiv Gandhi	Capgemini,Rajiv Gandhi	Hindi	Hindi	Hindi	
Line3		Infotech Park,Phase 3	Infotech Park,Phase 3	Punjabi	Punjabi	Punjabi	
City	Jaipur	Pune	Pune				
State & Pincode	Rajasthan,302016	Maharashtra,411057	Maharashtra,411057				
Contact Person	Sunita Sharma	Harshit Kaushik	Harshit Kaushik				
Contact No. Home Landline	9414779508	8114418738	8114418738				
Contact No. (Mobile)	9413343420	8725830257	8114418738				
Nominations Details							
Particulars	Name of the Nominee	Relationship	Address (IN ONE LINE)	Age (IN YEARS)	Amount of Share of accumulations (%)		
Mediclaime/Life Cover/Personal Accident Insurance	Bhotesk Kumar Kaushik	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	52	100%		
Full & Final settlement	Bhotesk Kumar Kaushik	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	52	100%		
Provident Fund/Family Pension & Life Assurance Nomination	Bhotesk Kumar Kaushik	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	52	100%		
Gratuity Nomination	Bhotesk Kumar Kaushik	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	52	100%		
ESIC if applicable	Bhotesk Kumar Kaushik	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	52	100%		



### INSURANCE NOMINATION FORM

(To be filled in by employee)

I **HARSHIT KAUSHIK** E.Code  
H 40 Tagore Path Bani Park Jaipur Rajasthan,302016

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	BHOTESH KUMAR KAUSHIK	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	100%
Personal Accident	BHOTESH KUMAR KAUSHIK	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	100%
Life Cover	BHOTESH KUMAR KAUSHIK	FATHER	H 40 TAGORE PATH BANI PARK JAIPUR	100%

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Ltd. [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.

	Witness 1	Witness 2
Name		
Signature		
Address		

Date -

Place - PUNE

√  
Signature of employee



**NOMINATION FORM**  
(To be filled in by employee)

I, **HARSHIT KAUSHIK** (Emp Code) \_\_\_\_\_

Address **H 40 Tagore Path Bani Park Jaipur Rajasthan,302016**

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

	Nominee 1	Nominee 2
Name of Nominee:	Bhotesh Kumar	
Relationship:	FATHER	
Address of Nominee:	H 40 TAGORE PATH BANI PARK JAIPUR	
% of distribution:	100%	

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.

	Witness 1	Witness 2
Name		
Signature		
Address		

Date - 5-Sep-18

Emp Code :

**FORM - 2 (REVISED)**  
**NOMINATION AND DECLARATION FORM**  
**FOR UNEXEMPTED / 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) : **Harshit Kaushik**  
 2. Father's / Husband's Name : **Bhotesh Kumar kaushik**  
 3. Date of Birth : **14/11/1995**  
 4. Sex : **MALE**  
 5. Marital Status : **SINGLE**  
 6. PF Account No. : **PU/PUN/31643/EXM/260816**  
 7. Pension Account No. : **PU/PUN/31643/00E/206714**  
 8. Residential Address : **H 40 Tagore Path Bani Park Jaipur**

**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

Name of the nominee / nominees	Address	Nominee's relationship with the 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
BHOTESH KUMAR KAUSHIK	HARSHIT	FATHER	52	100%	

\*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 dependant upon me.

\*Strike out whichever is not applicable.

-----  
 Signature / or thump 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	2	3	4
1	BHOTESH KUMAR KAUSHIK	16/3/1966	Father
2	SUNITA SHARMA	11-May-65	Mother
3			

\*\*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's 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
BHOTESH KUMAR KAUSHIK (H 40 TAGORE PATH BANI PARK JAIPUR)	16/3/1966	Father
SUNITA SHARMA (H 40 TAGORE PATH BANI PARK JAIPUR)	11-May-65	Mother

Date:

\*Strike out whichever is not applicable

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 by me and got confirmed by him/her

**HARSHIT KAUSHIK**

**For Capgemini Technology Services India Ltd.**

Place:

**PUNE**

Dated :

**05/Sep/18**

**Authorised Signatory  
Capgemini Technology Services India Ltd  
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 or 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) (Para 18)**

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 a male member;

(b) husband in the case of a female member; and

(c) sons and daughters upto age of 25 Years

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

**(II) 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.**



## 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 - 400 079

- I, Shri/Shrimati/Kumari **HARSHIT KAUSHIK**  
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)

Sr. No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)	(5)
1.	Bhotesh Kumar Kaushik	FATHER	52	100%
2.				
3.				
4.				

### Statement

- 1 Name of employee in full : HARSHIT KAUSHIK  
2 Sex : MALE  
3 Religion : -  
4 Whether unmarried/married/widow/widower : SINGLE  
5 Department/Branch/Section where employed : PUNE  
6 Post held with Ticket No. or Serial No., if any : SENIOR ANALYST  
7 Date of appointment : 5/Sep/18  
8 Permanent address : H 40 Tagore Path, Bani Park ,, Jaipur , Rajasthan,302016

Village : Thana : Sub-division  
Post Office: District : State

Place: PUNE  
Date:

Signature/Thumb-impression of the  
Employee

### Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1.

1.

2.

2.

Place: PUNE

Date:

### 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

**Cappgemini Technology Services India Limited**  
**Plant 2, Block 'C', Godrej IT Park,**  
**Godrej & Boyce Compound,**  
**LBS Marg, Vikhroli (W), Mumbai – 400 079.**

Date:

### Acknowledgement by the Employee

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

Date:

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.