

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 Prajкта Sunil Kumbhar 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.

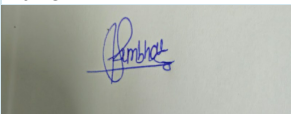
6. Nomination made herein invalidates my previous nomination.

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	Ganesh Madhur Prit Bunglow Telco Colony No 2 ,Bhekrainagar Fursungi 412308	Husband	30	100
2				
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	Prajкта Sunil Kumbhar
2. Sex	Female
3. Religion	
4. Whether unmarried/married/ widow/widower	Married
5. Department/Branch/Section where employed	
6. Date of appointment	21 Oct 2024
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	Maharashtra
Place	Pune
Signature/Thumb-impression of the Employee	
Date	21 Oct 2024

Declaration by Witnesses

Nomination signed/thumb-impressed before me	Signature of Witnesses.
Name in full and full address of witnesses.	
1.Pravin Mathiyalagan Kumar	1. 
2.	2.
Place	Pune
Date	21 Oct 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 authorised Designation	
Date	21 Oct 2024
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	21 Oct 2024
Signature of the Employee	✓ I Prajkta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024

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



FULL AND FINAL SETTLEMENT NOMINATION FORM

1	Name of the Employee	Prajakta Sunil Kumbhar
2	Father Name	Sunil
3	Husband Name	
4	Date of birth	21 Sep 2000
5	Date of Joining	21 Oct 2024
6	Designation	Process Executive – Data
7	Gender	Female
8	Marital Status	Married
9	Permanent Address	A/P Kola Tal–Sangola Dist–Solapur 413314 Pune Maharashtra India 413314
10	Present Address	Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNa Pune Maharashtra India 412308

DETAILS OF NOMINATION


Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
Ganesh Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNagar Fursungi 412308	Husband	18/03/1994	100

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 : October 16,2024

PLACE: Pune

✓ I Prajakta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024

Signature of the subscriber

GROUP TERM LIFE INSURANCE NOMINATION FORM

1	Name of the Employee	Prajakta Sunil Kumbhar
2	Father Name	Sunil
3	Husband Name	
4	Date of birth	21 Sep 2000
5	Date of Joining	21 Oct 2024
6	Designation	Process Executive – Data
7	Gender	Female
8	Marital Status	Married
9	Permanent Address	A/P Kola Tal–Sangola Dist–Solapur 413314 Pune Maharashtra India 413314
10	Present Address	Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNa Pune Maharashtra India 412308

DETAILS OF NOMINATION

Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
Ganesh Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNagar Fursungi 412308	Husband	18/03/1994	100

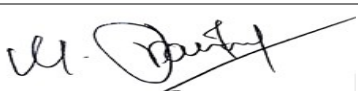
ASSIGNMENT

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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 : October 16,2024

PLACE: Pune

✓ I Prajakta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024

Signature of the subscriber

**FORM 2 (Revised)****(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) : Prajkta Sunil Kumbhar
2 **Father/Husband Name** : Sunil
3 **Date of birth** : 21 Sep 2000
4 **Sex** : Female
5 **Marital Status** : Married
6 **Account No.** (PF/EPS Number) :
7 **Address** (Residential) :

PERMANENT	A/P Kola Tal-Sangola Dist-Solapur 413314 Pune Maharashtra India 413314
TEMPORARY	Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNa Pune Maharashtra India 412308

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
Ganesh Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNagar Fursungi 412308	Husband	18/03/1994	100	
			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 Prajkta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024

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

Name and address of the family members	Date of Birth	Relationship with the member
Ganesh Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNagar Fursungi 412308	18/03/1994	Husband

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

✓ I Prajkta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024

Signature of the subscriber

CERTIFICATE BY EMPLOYER

Dated the : 21 Oct 2024

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. MS. MRS. <input checked="" type="checkbox"/> Prajakta Sunil Kumbhar
2	<input checked="" type="checkbox"/> Father's Name Spouse's name (Please tick whichever is applicable)	Sunil
3	Date of Birth: (DD/MM/YYYY)	21/09/2000
4	Gender: (Male/Female/Transgender)	Male <input checked="" type="checkbox"/> Female Transgender
5	Marital Status (Married/unmarried/Widow/Widower/Divorcee)	<input checked="" type="checkbox"/> Married unmarried Widow/Widower Divorcee
6	(a) Email id:	prajktakumbhar205@gmail.com
	(b) Mobile No:	9623721267
7	Present Employment Details: Date of joining in the current establishment (DD/MM/YYYY)	21/10/2024
8	KYC Details: (attach self attested copies of following KYCs)	
	a)Bank Account No. & IFS Code	Name :State Bank Of India Number: 35844177479 IFSC: SBIN0003738
	b)NPR/AADHAAR	Name : Prajkta Sunil Kumbhar Number :734431144638 Remarks:
	c)Permanent Account number(PAN),(if available)	Name:Prajakta Sunil Kumbhar Number: JBXPK4838R Remarks:
	d)Driving License	Name: Number: Remarks:
	e)Voter ID	Name:Prajakta Sunil Kumbhar Number: UFM7089758 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
10	Whether earlier a Member of the Employee's Pension Scheme, 1995?	Yes <input checked="" type="checkbox"/> No

11	Previous Employment Details:[If yes to 9 AND/OR 10 Above]–Un–exempted						
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)
c) Date of exit from Previous Employment:(DD/MM/YYYY)					/ /		
d) Scheme Certificate No.(if issued)							
e)Pension payment Order(PPO) No.(if issued)							
Name							
Address							
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:							
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: 21/10/2024
Place: Pune

✓ I Prajkta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024
Signature of the member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs.Prajakta Sunil Kumbhar..... has joined on21/10/2024..... 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: 21/10/2024.



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.



DECLARATION FORM

Form-1

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

A) Insured Persons Particulars	B) EMPLOYER'S PARTICULARS			
1. Insurance No.	9. Employer's Code No:			
2.Name : Prajkta Sunil Kumbhar	10. Date of Appointment	Day	Month	Year
2.Father/Husband : Sunil		21	10	2024
4. Date of Birth: 21 Sep 2000	11.Name & Address of the employer:			
5 Sex : Male/Female : Female				
6 Marital Status : M/U : Married				

7. Present Address
Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNa Pune
Maharashtra India 412308

Pin Code: 412308

Email Address:

8. Permanent Address
A/P Kola Tal-Sangola Dist-Solapur 413314 Pune
Maharashtra India 413314

Pin Code: 413314

Branch Office:

Dispensary: _____

12. In case of any previous employment please fill up the details as under

a. Previous Ins. No.:NA

b. Empr's Code No:NA

c. Name & Address of the Previous Employer:

Email Address:

(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:
Ganesh	Husband	Madhur Prit Bunglow Telco Colony No 2 ,BhekraiNagar Fursungi 412308

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.

✓ I Prajkta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024

Counter signature by the
employer

Signature /T.I.of IP.

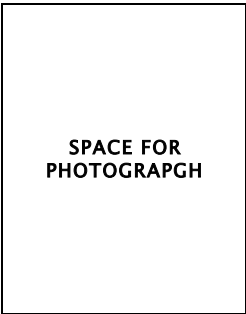
Signature with seal

(D) Family Particulars of Insured Person

Sl. No.	Name:	Date of Birth/Age as on date of filling form:	Relationship with the Employee	Whether residing with him/her? (tick)		If 'No' state Place of Residence TOWNSTATE	
1	Ganesh	18/03/1994	Husband	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
2				<input type="radio"/> Yes	<input type="radio"/> No		
3				<input type="radio"/> Yes	<input type="radio"/> No		
4				<input type="radio"/> Yes	<input type="radio"/> No		
5				<input type="radio"/> Yes	<input type="radio"/> No		
6				<input type="radio"/> Yes	<input type="radio"/> No		

ESI Corporation Temporary Identity Card (Valid for 3 month from the date of appointment)

Name	Prajakta Sunil Kumbhar				
Insurance No.		Date of Appointment:	21	10	2024
Branch Office:		Dispensary:			
Employer's Code No. & Address					



Validity _____ Digitally signed. Refer to the end of this page

Dated _____ Signature/T.I. of I.P. Signature of B.M. with seal

INSTRUCTIONS

- Submission of Form-I is governed by regulation 11 & 12 of ESI (General) Regulations, 1950
- Family means all or any of the following relatives of an Insured Person namely:-
(i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details.
- Identity Card is Non-Transferable.
- Loss of Identity Card be reported to Employer/Branch Manager immediately.
- Submission of false information attracts penal action Under Section 84 of ESI Act. 1948.
- This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
- As an insured person you and your dependant family membes are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependants benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory cnditions.
- For more details please contact website of ESIC at www.esic.org.in or contact Regional Office or Branch Office.

For Branch Office Use only

1. Date of allotment of Ins. No. : _____

2. Date of Issue of T.I.C. : _____

3. Name /No. of Dispensary : _____

4. Name /No. of Dispensary Whether reciprocal Medical arrangements involved. if yes, please indicate :

Signature of Branch Manager

Sl. No.	Name:	Date of Birth/Age as on date of filling form:	Relationship with the Employee	Whether residing with him/her? (tick)		If 'No' state Place of Residence	
						TOWN	STATE
1	Ganesh	18/03/1994	Husband	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
2				<input type="radio"/> Yes	<input type="radio"/> No		
3				<input type="radio"/> Yes	<input type="radio"/> No		
4				<input type="radio"/> Yes	<input type="radio"/> No		
5				<input type="radio"/> Yes	<input type="radio"/> No		
6				<input type="radio"/> Yes	<input type="radio"/> No		

✔ I Prajkta Sunil Kumbhar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Oct 16 2024 19:03 (GMT) effective from Oct 21 2024