

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

Cognizant Technology Solutions India Private Limited, 5/535,
Old Mahabalipuram Road, Okkiyam, Thoraipakkam, Chennai – 600097, India.

I, Shri/Shrimati/Kumari Reshmaramesh Ramesh Nikam 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	Ramesh a/p.Nagewadi tal.- Khanapur Dist-Sangli	Father	56	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	Reshmaramesh Ramesh Nikam
2. Sex	Female
3. Religion	
4. Whether unmarried/married/ widow/widower	Single
5. Department/Branch/Section where employed	
6. Date of appointment	31 Dec 2020
7. Permanent address:	
Village	
Thana	
Sub-division	
Post Office	
District	
State	Maharashtra
Place	Pune
Signature/Thumb-impression of the Employee	I Reshmaramesh Ramesh Nikam hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jul 5 2020 14:59 (GMT) effective from DOJ
Date	31 Dec 2020

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	Pune
Date	31 Dec 2020

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	31 Dec 2020
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	31 Dec 2020
Signature of the Employee	✓ I Reshmaramesh Ramesh Nikam hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jul 5 2020 14:59 (GMT) effective from DOJ

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

FULL AND FINAL SETTLEMENT NOMINATION FORM

1	Name of the Employee	Reshmaramesh Ramesh Nikam
2	Father Name	Ramesh Narayan Nikam
3	Husband Name	
4	Date of birth	25 Aug 1998
5	Date of Joining	31 Dec 2020
6	Designation	Programmer Analyst Trainee
7	Gender	Female
8	Marital Status	Single
9	Permanent Address	a/p.Nagewadi tal.-Khanapur Dist-Sangli Vita Maharashtra India 415311
10	Present Address	a/p.Nagewadi tal.-Khanapur Dist-Sangli Vita Maharashtra India 415311

DETAILS OF NOMINATION

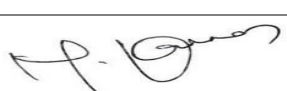
Sl.No	Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
1	Ramesh a/p.Nagewadi tal.-Khanapur Dist-Sangli	Father	01/06/1964	100
2				
3				
4				
5				
6				

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 : July 5,2020

PLACE: Pune

✓ I Reshmaramesh Ramesh Nikam hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jul 5 2020 14:59 (GMT) effective from DOJ

Signature of the subscriber

GROUP TERM LIFE INSURANCE NOMINATION FORM

1	Name of the Employee	Reshmaramesh Ramesh Nikam
2	Father Name	Ramesh Narayan Nikam
3	Husband Name	
4	Date of birth	25 Aug 1998
5	Date of Joining	31 Dec 2020
6	Designation	Programmer Analyst Trainee
7	Gender	Female
8	Marital Status	Single
9	Permanent Address	a/p.Nagewadi tal.-Khanapur Dist-Sangli Vita Maharashtra India 415311
10	Present Address	a/p.Nagewadi tal.-Khanapur Dist-Sangli Vita Maharashtra India 415311

DETAILS OF NOMINATION

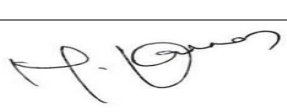
Sl.No	Name & Address of the nominee(s)	Relationship with the Employee	Date of Birth (DD/MM/YYYY)	Percentage of Nomination (100% Max)
1	Ramesh a/p.Nagewadi tal.-Khanapur Dist-Sangli	Father	01/06/1964	100
2				
3				
4				
5				
6				

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 : July 5,2020

PLACE: Pune

✓ I Reshmaramesh Ramesh Nikam hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jul 5 2020 14:59 (GMT) effective from DOJ

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) : Reshmaramesh Ramesh Nikam
2 **Father/Husband Name** : Ramesh Narayan Nikam
3 **Date of birth** : 25 Aug 1998
4 **Sex** : Female
5 **Marital Status** : Single
6 **Account No. (PF/EPS Number)** :
7 **Address (Residential)** :

PERMANENT	a/p.Nagewadi tal.-Khanapur Dist-Sangli Vita Maharashtra India 415311
TEMPORARY	a/p.Nagewadi tal.-Khanapur Dist-Sangli Vita Maharashtra India 415311

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)
Ramesh a/p.Nagewadi tal.-Khanapur Dist-Sangli	Father	01/06/1964	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 Reshmaramesh Ramesh Nikam hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jul 5 2020 14:59 (GMT) effective from DOJ

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 Reshmaramesh Ramesh Nikam hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jul 5 2020 14:59 (GMT) effective from DOJ

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 **Reshmaramesh Ramesh Nikam** 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 : 31 Dec 2020

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. <input checked="" type="checkbox"/> MRS. Reshmaramesh Ramesh Nikam
2	<input checked="" type="checkbox"/> Father's Name Spouse's name (Please tick whichever is applicable)	Ramesh Narayan Nikam
3	Date of Birth: (DD/MM/YYYY)	2 5 / 0 8 / 1 9 9 8
4	Gender: (Male/Female/Transgender)	Male <input checked="" type="checkbox"/> Female Transgender
5	Marital Status (Married/unmarried/Widow/Widower/Divorcee)	Married <input checked="" type="checkbox"/> unmarried Widow/Widower Divorcee
6	(a) Email id:	r e s h m a n i k a m 1 9 9 8 @ g m a i l . c o m
	(b) Mobile No:	7 5 5 8 6 6 7 6 1 8
7	Present Employment Details: Date of joining in the current establishment (DD/MM/YYYY)	31/12/2020
8	KYC Details: (attach self attested copies of following KYCs)	
	a)Bank Account No. & IFS Code	Name :RESHMA RAMESH NIKAM Number: 150910110014463 IFSC: BKID0001509
	b)NPR/AADHAAR	Name : Reshma Ramesh Nikam Number :686928114378 Remarks:
	c)Permanent Account number(PAN),(if available)	Name:RESHMA RAMESH NIKAM Number: CFTPN6992J Remarks:
	d)Driving License	Name: Number: Remarks:
	e)Voter ID	Name:Reshma Ramesh Nikam Number: ZZT5207303 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 <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: 31/12/2020
Place: Pune

✓ I Reshmaramesh Ramesh Nikam hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jul 5 2020 14:59 (GMT) effective from DOJ
Signature of the member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs.Reshmaramesh Ramesh Nikam..... has joined on31/12/2020..... 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: 31/12/2020.



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.