

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 Sandeep 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.

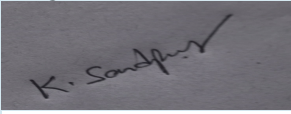
6. Nomination made herein invalidates my previous nomination.

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 | Mounika House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli | Wife | 27 | 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 | Sandeep Kumar |
| 2. Sex | Male |
| 3. Religion | |
| 4. Whether unmarried/married/widow/widower | Married |
| 5. Department/Branch/Section where employed | |
| 6. Date of appointment | 21 Aug 2023 |
| 7. Permanent address: | |
| Village | |
| Thana | |
| Sub-division | |
| Post Office | |
| District | |
| State | Andhra Pradesh |
| Place | Bangalore |
| Signature/Thumb-impression of the Employee |  |
| Date | 21 Aug 2023 |

Declaration by Witnesses

| | |
|---|--|
| Nomination signed/thumb-impressed before me | Signature of Witnesses. |
| Name in full and full address of witnesses. | |
| 1.Kannan Mahalingam | 1.  |
| 2. | 2. |
| Place | Bangalore |
| Date | 21 Aug 2023 |

Certificate by the Employer

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

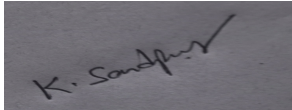
| | |
|---|---|
| Employer's Reference No., if any | |
| Signature of the employer/Officer authorised Designation |  |
| Date | 21 Aug 2023 |
| Name and address of the establishment or rubber stamp thereof. | Cognizant Technology Solutions India Private Limited 5/535, Old Mahabalipuram Road, Okkiyam, 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 Aug 2023 |
| Signature of the Employee | ✓ I Sandeep Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jun 21 2023 12:14 (GMT) effective from Aug 21 2023 |

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



FULL AND FINAL SETTLEMENT NOMINATION FORM

| | | |
|----|----------------------|--|
| 1 | Name of the Employee | Sandeep Kumar |
| 2 | Father Name | K Jagannadha Reddy |
| 3 | Husband Name | |
| 4 | Date of birth | 02 Aug 1992 |
| 5 | Date of Joining | 21 Aug 2023 |
| 6 | Designation | Infra Dev Specialist |
| 7 | Gender | Male |
| 8 | Marital Status | Married |
| 9 | Permanent Address | House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli Annamayya District Andhra Pradesh India 517213 |
| 10 | Present Address | House no 484, Reddi vari palli, Jangam PalliGorant Annamayya District Andhra Pradesh India 517213 |

DETAILS OF NOMINATION


| Name & Address of the nominee(s) | Relationship with the Employee | Date of Birth (DD/MM/YYYY) | Percentage of Nomination (100% Max) |
|---|--------------------------------|----------------------------|-------------------------------------|
| Mounika House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli | Wife | 18/10/1995 | 100 |
| | | | |
| | | | |
| | | | |
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| | | | |

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 : June 21,2023

PLACE: Bangalore

✓ I Sandeep Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jun 21 2023 12:14 (GMT) effective from Aug 21 2023

Signature of the subscriber

GROUP TERM LIFE INSURANCE NOMINATION FORM

| | | |
|----|----------------------|--|
| 1 | Name of the Employee | Sandeep Kumar |
| 2 | Father Name | K Jagannadha Reddy |
| 3 | Husband Name | |
| 4 | Date of birth | 02 Aug 1992 |
| 5 | Date of Joining | 21 Aug 2023 |
| 6 | Designation | Infra Dev Specialist |
| 7 | Gender | Male |
| 8 | Marital Status | Married |
| 9 | Permanent Address | House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli Annamayya District Andhra Pradesh India 517213 |
| 10 | Present Address | House no 484, Reddi vari palli, Jangam PalliGorant Annamayya District Andhra Pradesh India 517213 |

DETAILS OF NOMINATION

| Name & Address of the nominee(s) | Relationship with the Employee | Date of Birth (DD/MM/YYYY) | Percentage of Nomination (100% Max) |
|---|--------------------------------|----------------------------|-------------------------------------|
| Mounika House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli | Wife | 18/10/1995 | 100 |
| | | | |
| | | | |
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| | | | |
| | | | |


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 : June 21,2023

PLACE: Bangalore

✓ I Sandeep Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jun 21 2023 12:14 (GMT) effective from Aug 21 2023

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) : Sandeep Kumar
2 **Father/Husband Name** : K Jagannadha Reddy
3 **Date of birth** : 02 Aug 1992
4 **Sex** : Male
5 **Marital Status** : Married
6 **Account No. (PF/EPS Number)** : 0024190
7 **Address (Residential)** :

| | |
|------------------|--|
| PERMANENT | House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli Annamayya District Andhra Pradesh India 517213 |
| TEMPORARY | House no 484, Reddi vari palli, Jangam PalliGorant Annamayya District Andhra Pradesh India 517213 |

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 |
|---|---------------------------------------|---------------|---|--|
| Mounika House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli | Wife | 18/10/1995 | 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 Sandeep Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jun 21 2023 12:14 (GMT) effective from Aug 21 2023

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 |
|---|---------------|------------------------------|
| Mounika House no 484, Reddi vari palli, Jangam PalliGorantla palliK V Palli | 18/10/1995 | Wife |
| | | |
| | | |
| | | |

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

✓ I Sandeep Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jun 21 2023 12:14 (GMT) effective from Aug 21 2023

Signature of the subscriber

CERTIFICATE BY EMPLOYER

Dated the : 21 Aug 2023

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. <input checked="" type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> Sandeep Kumar |
| 2 | <input checked="" type="checkbox"/> Father's Name Spouse's name (Please tick whichever is applicable) | K Jagannadha Reddy |
| 3 | Date of Birth: (DD/MM/YYYY) | 0 2 / 0 8 / 1 9 9 2 |
| 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: | s a n d e e p k a m b h a m 1 9 9 2 @ g m a i l . c o m |
| | (b) Mobile No: | 9 8 8 5 3 3 4 2 3 7 |
| 7 | Present Employment Details: Date of joining in the current establishment (DD/MM/YYYY) | 21/08/2023 |
| 8 | KYC Details: (attach self attested copies of following KYCs) | |
| | a)Bank Account No. & IFS Code | Name :K SANDEEP KUMAR REDDY Number: 50100389096649 IFSC: HDFC0004078 |
| | b)NPR/AADHAAR | Name : K SANDEEP KUMAR REDDY Number :950893895465 Remarks: |
| | c)Permanent Account number(PAN),(if available) | Name:Sandeep Kumar Number: DHKPK5393G 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 <input checked="" type="checkbox"/> No | | | | |
| 11 | Previous Employment Details:[If yes to 9 AND/OR 10 Above]–Un–exempted | | 1 0 0 9 0 8 5 2 0 0 3 5 | | | | |
| | 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) |
| | BG | BNG | 0026308 | 000 | 0024190 | 12/05/2021 | 00000 |
| | c) Date of exit from Previous Employment: (DD/MM/YYYY) | | 1 8 / 0 8 / 2 0 2 3 | | | | |
| | d) Scheme Certificate No.(if issued) | | | | | | |
| | e)Pension payment Order(PPO) No.(if issued) | | | | | | |
| | Name | | K SANDEEP KUMAR REDDY | | | | |
| | Address | | house no 00, Jangam palli, Gorantla palli, K V Palli manda, Annamayya District, Andhra Pradesh, 5172 | | | | |
| 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: | | L5562741 | | | | |
| | d)Validity of Passport[(DD/MM/YYYY)to(DD/MM/YYYY)] | | 1 7 / 1 0 / 2 0 1 3 to 1 6 / 1 0 / 2 0 2 3 | | | | |

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: 21/08/2023

Place: Bangalore

✓ I Sandeep Kumar hereby agree that I have understood the terms and conditions of the current document accepted electronically on Jun 21 2023 12:14 (GMT) effective from Aug 21 2023
Signature of the member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs.Sandeep Kumar..... has joined on21/08/2023..... 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: 21/08/2023.



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.