



NOMINATION FORM

(To be filled in by employee)

I, **Pratiksha Rajesh Dhandar** (Emp Code) 153096

Address **250, Lokmanya Nagar Hingna Road, Midc Area Nagpur-16 Nagpur Maharashtra-440016**

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:	Shailaja Dhandar	
Relationship:	Mother	
Address of Nominee:	250, Lokmanya Nagar, Hingna road, nagpur-16	
% 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	Shrutika Bhiwapurkar	Shiwani Sinha
Signature		
Address	80/C, Dubey Nagar, Hudkeshwar Road, Nagpur-440034	Nadraganj Pul Par,Behind Senji Temple,Gaya,Bihar

Date - 13-Jun-18

Place - Pune

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Signature of employee