

**INSURANCE NOMINATION FORM**

(To be filled in by employee)

I **PRATIKSHA RAJESH DHANDAR** E.Code **153096**
250, Lokmanya Nagar Hingna Road, Midc Area Nagpur-16 Nagpur Maharashtra-440016

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
Mediclaim	Shailaja Dhandar	Mother	250, Lokmanya Nagar, Hingna road, nagpur-16	100%
Personal Accident	Shailaja Dhandar	Mother	250, Lokmanya Nagar, Hingna road, nagpur-16	100%
Life Cover	Shailaja Dhandar	Mother	250, Lokmanya Nagar, Hingna road, nagpur-16	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	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

Signature of employee