



## Nominee(s)

Name in full with full Address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the Gratuity will Shared
(1)	(2)	(3)	(4)

## Statement

- 1.Name of employee in full HILAL PARVEZ
- 2.Sex Male
- 3.Religion Islam
- 4.Whether unmarried/married/widow/widower Single
- 5.Department/Branch/Section where employed
- 6.Post held with Employee Code
- 7.Date of appointment 06-Dec-2022
- 8.Permanent address 135 , VILLAGE AND POST- DHAWARSI, T- HASANPUR

Place Chennai

Date 06-Dec-2022

*Hilal parvez*

Hilal parvez (Dec 5, 2022 18:15 GMT+5.5)



Signature/Thumb impression of the employee

## Declaration by Witnesses

Nomination signed/thumb impressed before me

Name in full and full address of witnesses

Signature *shakiv ahmad quadri*

shakiv ahmad quadri (Dec 5, 2022 18:20 GMT+5.5)

*saad ali Khan*

1. saad ali khan (Dec 5, 2022 18:57 GMT+5.5)

1. Shakiv ahmad quadri

Shakiv ahmad quadri,rz-3008,street no-34,tughlakabad extension,delhi,chand palace,panchmahalla,Jehanabad,bihar,Delhi,new delhi,110019

2. saad ali khan

saad ali khan,rz-3008,street no-34,tughlakabad extension,Delhi,106/81 faiza palace,nazarbagh,lucknow,Delhi,new delhi,110019

Place \_\_\_\_\_

Date \_\_\_\_\_

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

*Shirpa Agarwal*  
Signature of the Employer/Officer  
Authorised

Designation

Date 06-Dec-2022


Name and address of the  
establishment or rubber-stamp  
thereof.

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Acknowledgement by the Employee

Received the duplicate copy of the nomination Form 'F' filed by me and duly certified by the employer.

Date 06-Dec-2022

*Hilal parvez*  
 Hilal parvez (Dec 5, 2022 18:15 GMT+5.5)  
Signature of the Employee

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Note: Strike out the words/paragraphs not applicable

Emp.Code No.

## NOMINATION FORM

To,

**M/s. HCL Technologies Limited**

A-11, Sector 16 Noida-201301

HILAL PARVEZ

1. I, Mr/Ms. \_\_\_\_\_ ( Name in Full here) , hereby nominate the person(s) mentioned below to receive the benefits under the Term Life and Group personal accident Policy , payable after my death in proportion indicated against the name(s) of the nominee(s).

2. This document supercedes any previous nominations.

### NOMINEE (S)

Name of nominee/nominees	Address of Nominee	ID No.	Nominee's relationship with the Employee	Age of Nominee	Proportion by which the Insurance amount will be shared	Name of Guardian (In case nominee is a minor)

Note : \* ID No. could be either Passport No. / Driving License No. / Voter's ID No. / PAN Card No.

Name of the employee in Full

HILAL PARVEZ

Father's / Husband's Name

Residential Address

,RZ-3008,STREET NO.34,TUGHLAKABAD EXTENSION,testingEIS,NEW DELHI

Gender

Male

Marital Status

Single

Date of Birth

11-Dec-1999

Designation

Process Associate

Emp. Code No.

Date of Appointment

06-Dec-2022

Place: Chennai

Date: 06-Dec-2022

*Hilal parvez*

Hilal parvez (Dec 5, 2022 18:15 GMT+5.5)

Signature or thumb impression of the Employee

## DECLARATION BY WITNESSES

Nomination signed/thumb - impressed before me  
Name in full and full addresses of witnesses

- 1 ...Shakiv ahmad quadri  
Shakiv ahmad quadri,rz-3008,street.no-34,tughlakabad.extension,delhi,chand.palace,panchmahalla,Jehanabad,bihar,Delhi,new delhi,110019  
saad ali khan
- 2 ...saad ali khan,rz-3008,street no-34,tughlakabad extension,Delhi,106/81 faiza palace,nazarbagh,lucknow,Delhi,new delhi,110019

### **Signature of Witnesses :**

- |   |   |            |             |
|---|---|------------|-------------|
| 1 | <u>shakiv ahmad quadri</u><br>shakiv ahmad quadri (Dec 5, 2022 18:20 GMT+5.5) | Date:..... | Place:..... |
| 2 | <u>saad ali khan</u><br>saad ali khan (Dec 5, 2022 18:57 GMT+5.5)             | Date:..... | Place:..... |

Hilal parvez  
Hilal parvez (Dec 5, 2022 18:15 GMT+5.5)