

FORM 'F'
[See sub-rule (1) of Rule 6]
Nomination

To,

1. Shri/Smt/Kumari _____ 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 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 nominations.

Nominee(s)

Sr. No.	Name in full with full address of nominees(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shares
	(1)	(2)	(3)	(4)

Statement

1. Name of employee in full
2. Sex
3. Religion
4. Whether unmarried/married/widow/widower
5. Department/Branch/Section where employed
6. Post held with Ticket No. or Serial No. if any
7. Date of appointment
8. Permanent address

X

Signature/Thumb impression of the employee

Declaration by the witness

Fresh nomination signed/thumb impressed before me

Name ion full and full address of witness

Signature of witness

1.

X

2.

X

Place :

Date :

Certified 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.....

Date

Signature of the employer/officer authorized
Designation /Rubber stamp thereof

Acknowledgement by the Employee

Received the duplicate copy of nomination in Form "F" filed by me on And duly certified by the employer.

Date

X

Signature of the Employee.

Note: Strike out the words/paragraph not applicable.