

Payment of Gratuity (Central) Rules
FORM 'F'
See sub-rule (1) of Rule 6

Nomination

To,
XCEEDANCE CONSULTING INDIA PRIVATE LIMITED
Registered Office: Building 6, 4th Floor, Candor Tech Space,
Sector 48, Tikri, Gurgaon, Haryana 122018, India

1. I, **Harsh Upadhyay** 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 provision to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in Full with Full address of nominee(s)		Relationship with the employee	Age of Nominee	Proportion by which the Gratuity will be shared
(1)		(2)	(3)	(4)
1	Sudha Upadhyay 519D Baxi Kurd Daraganj, Prayagraj, Uttar Pradesh 211006	Mother	40	100

Statement

1. Name of employee in full : Harsh Upadhyay
2. Sex : Male
3. Religion : Hindu
4. Whether : Single
unmarried/married/widow/widower
5. Department/Branch/Section where : Application Development
employed
6. Post held with Ticket No. or Serial No., if any :
7. Date of Appointment : 30-Jun-2025
8. Permanent Address : 519 D Baxi Kurd Daraganj, Pragayraj, Uttar Pradesh 211006

Place: Noida, Tower 5, Non-SEZ Noida (LOC_22)

Date: 30-Jun-2025

Harsh
Signature/Thumb-impression of the
Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses

Signature of Witnesses

1 _____ 1

2 _____ 2

Place: Noida, Tower 5, Non-SEZ Noida (LOC_22)

Date: 30-Jun-2025

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:

Name and address of the establishment or rubber
stamp thereof

Acknowledgement by the Employee

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

Date: 30-Jun-2025

Harsh
Signature/Thumb-impression of the
Employee