

FORM 'F'
See sub-rule (1) of Rule 6
Gratuity Nomination Form

Applicant ID: 858401

To,
TATA Consultancy Services Ltd,
9th Floor, Nirmal Building,
Nariman Point,Mumbai 400021.

1. I, ANIMESH KHADANGA 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) nominated is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972. **Yes**
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act. **NA**
4. (a) My father is not dependent on me. **Yes**
(b) My mother is not dependent on me. **No**
(c) My spouse's father is not dependent on my spouse. **NA**
(d) My spouse's mother is not dependent on my spouse. **NA**
5. Nomination made herein invalidates my previous nomination.

Nominee(s)

Sr No.	Name in full with full address of nominee(s)	Relationship with the employee	Date of Birth	Proportion by which gratuity will be shared	Name , relationship and address of Guardian if nominee is minor
1	Ms. Jyotirmayee Rath R.K.Rath, 3rd Lane Ramahari Nagar, Near Christian Hospital, Berhampur- 760001, Odisha, India	Mother	02/07/1973	100	

Statement

Full Name: ANIMESH KHADANGA

Gender: M

Marital Status: Single

Religion: NA

Permanent Address: Animesh Khadanga 3rd Line
Bramha Nagar Near Hanuman
Temple Berhampur Odisha 760001

Applicant ID:

858401

Date of Joining:

08-Mar-2017

Department:

NA

Date:

Place:

Signature of Employee:

DECLARATION BY WITNESSES

Nomination signed before me

SR No.	Name in full and full Address of Witnesses	Signature of Witnesses
1.		
2.		

Date :

Place :

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nominations have been verified and recorded in this establishment

Office Seal

Signature of the employer/trustee

ACKNOWLEDGEMENT BY THE EMPLOYEE

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

Date : _____

Signature of the employee :