

**FORM 'F'**

See sub-rule (1) of Rule 6

**Nomination**

To,  
Capgemini Technology Services India Limited  
Plant 2, Block "A", Godrej IT Park,  
Godrej & Boyce Compound  
LBS Marg, Vikhroli West,  
Mumbai - 400 079

I, Shri/Shrimati/Kumari Saikumar Ankam

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 proviso to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

Sr. No.	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)	(5)
1.	CHANDRAKALA ambedkar colony	Mother	51	50.00
2.	ANKAM Ruchitha ambedkar colony	Spouse - Female	25	50.00
3.				
4.				
5.				

**Statement**

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

Village : Thana : Sub-division :  
Post Office: District : State :

Place:  
Date :

X  
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: \_\_\_\_\_

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

Signature of the employer/Officer authorised  
Designation

**Capgemini Technology Services India Limited**  
**Plant 2, Block 'C', Godrej IT Park,**  
**Godrej & Boyce Compound,**  
**LBS Marg, Vikhroli (W), Mumbai – 400 079.**

Date: \_\_\_\_\_

## Acknowledgement by the Employee

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

**Date:** \_\_\_\_\_ **X**  
**Signature of the Employee**

Note.—Strike out the words/paragraphs not applicable.