

## Payment of Gratuity Act

### FORM 'F'

[See sub-rule(1) of rule 6]

#### Nomination

To.....

[Give here name or description of the establishment with full address]

I, Shri/ Shrimati/ Kumari.....whose particulars are given in the statement below,

[Name in full here]

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 a/ are 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 dependant on me.  
(b) my husband's father/ mother/ parents is/ are not dependant on my husband.
5. I have excluded my husband from my family by a notice date 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)

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.			
so on.			

### 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 or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village.....Thana.....Sub-division.....Post Office...

Place  
Date

Signature/ Thumb impression  
of the employee

### *Declaration by witnesses*

Nomination signed/ thumb impressed before me.

Name in full and full

Signature of witnesses

- 1.
- 2.

- 1.
- 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 authorized

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

Signature of the employee

### Instruction for filling Form 11

1. Name should be updated **as per Aadhaar**.
2. Tick the relevant box and update the Father's name/ Spouse Name **as per Aadhaar**.
3. Date of Birth should be updated **as per Aadhaar** in DD/MM/YYYY Format.
4. Please update the Gender as applicable.
5. Please update the Marital Status as applicable.
6. Update the active Email ID and Mobile number (linked with Aadhaar)
7. Please tick **YES** if you have existing contribution available in Employee Provident Fund account. Please tick **NO** if you never had any Employee Provident Fund account (this is the Mandatory field and should not be missed).
8. If answer to point 7 is **NO**, then pension will also be **NO**. If answer to point 7 is **YES**, please download your member's passbook. If there is a contribution under Employee Pension during previous employment, please select **YES**, otherwise **NO** (this is the Mandatory field and should not be missed)

Link for downloading member's passbook

<https://passbook.epfindia.gov.in/MemberPassBook/Login.jsp>

- a. Update your Universal Account Number (UAN) which will be always 12 digit number. You may want to check in your previous payslip or check with your previous employer (this is the Mandatory field and should not be missed).
- b. Update complete PF number maintained with previous employer (with establishment code)
9. Update Last working day with previous employer in DD/MM/YYYY format.
10. a) **International Worker**:- In case you are holding non-Indian passport tick **YES** and provide details for points b), c) and d). If you are holding an Indian passport or you do not have a passport, 10a) should be **NO** (this is the Mandatory field and should not be missed).
11. Provide KYC details :
  - a. Complete bank account Number and IFSC code. (self-attested cancelled cheque to be provided)
  - b. 12 digit Aadhaar Number.(self-attested Aadhaar copy to be provided)
  - c. PAN Number. (self-attested PAN copy to be provided)

Please mention date, place and please sign at the space provided. Please leave the "Declaration by the Present Employer" section blank.

**EMPLOYEES' PROVIDENT FUND ORGANISATION**  
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &  
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1.	Name of the member	
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	
3.	Date of Birth: ( DD / MM / YYYY )	
4.	Gender: (Male/Female/Transgender)	
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorced)	
6.	(a) Email ID: (b) Mobile No.:	
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b>	
	a) Universal Account Number:	
	b) Previous PF Account Number:	
9.	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
	e) Pension Payment Order (PPO) No. (if issued)	
	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
10.	c) Passport No.	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
	<b>KYC Details: (attach self attested copies of following KYCs)</b>	
11.	a) Bank Account No. & IFS Code	
	b) AADHAR Number	
	c) Permanent Account Number (PAN), if available	

**UNDERTAKING**

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account.  
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:  
Place:

Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

- A. The member Mr./Ms./Mrs. .... has joined on ..... and has been allotted PF Number .....
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
  - **(Post allotment of UAN)** The UAN allotted for the member is .....
  - **Please Tick the Appropriate Option:**  
The KYC details of the above member in the UAN database
    - ☐ Have not been uploaded
    - ☐ Have been uploaded but not approved
    - ☐ Have been uploaded and approved with DSC
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
  - The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
  - **Please Tick the Appropriate Option:-**
    - ☐ The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
    - ☐ As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment



**FORM - 2 ( Revised)**  
**NOMINATION AND DECLARATION FORM**  
FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS

Declaration and Nomination Form Under the Employee's Provident Funds & Employees' Pension Scheme  
(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1	Name ( In Block Letters)	:					
2	Father's / Husband's Name	:					
3	Date of Birth	:					
4	Sex	:					
5	Marital Status	:					
6	Account Number	:	<table border="1" style="display: inline-table; width: 100%;"><tr><td style="width: 20%; height: 20px;"></td><td style="width: 10%; height: 20px;"></td><td style="width: 30%; height: 20px;"></td><td style="width: 40%; height: 20px;"></td></tr></table>				
7	Address	:					
	Permanent	:					
	Temporary	:					
8	Date of Joining	:					
	EPF	:					
	EPS	:					
		:					

PART - A (EPF)

I here by nominate the person(s) / cancel the nomination made by me previously and person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death.

Nominee/ Nominees Name & Address of the	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in provident fund to be paid to each nominee	address & relationship of the if the nominee is minor name & guardian who may recive the amount
1	2	3	4	5

- 1 Certified that I have no family as defined in para 2 (g) of the Employee's Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled
- 2 Certified that my father / mother is / are depended upon me.
- 3 Unmarried members in the absence of dependent parents may nominate any other person to receive the shares his/her marriage and any nomination made before such marriage shall be deemed to be invalid

**Note:** A Fresh nomination shall be made by the member on

Signature or thumb impression of the Subscriber

PART - B (EPS)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death

S.No	Name of the Family Members	Address	Date of Birth	Relationship
1				
2				
3				
4				
5				

Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16(2) (g) (I) & (ii) in the event of my death with out leaving any eligible family member for receiving pension.

Name & Address of the Nominee	Date of Birth	Relationship with the member

Date :

x  
Signature / Thumb impression of the subscriber

<b>CERTIFICATE BY EMPLOYER</b>	
<p>Certified that the above declaration and nomination has been signed/thumb impressed before shri/Smt/Kum <input type="checkbox"/> ..... employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.</p>	
<p>Place:</p> <p>Date :</p>	<p style="text-align: right;">Signature of the employer</p> <p style="text-align: right;">Name &amp; Address of the Establishment</p>