

Payment of Gratuity (Central) Rules FORM 'F'

See sub-rule (1) of Rule 6

Gratuity Nomination

To,
ADITYA BIRLA MANAGEMENT CORPORATION PVT. LTD.
C - 1, Aditya Birla Centre, S.K. Ahire Marg,
Worli, Mumbai - 400 030.

I, Shri / ~~Shrimati~~ / Kumari

T. Elangkumaran

(Name in full here)

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).

- 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.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (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.
- I have excluded my husband from my family by a notice to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Date of Birth (DD/MM/YY)	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	R. Thanigabalam, 1141 Nawathappan	Father	25/11/76	
2.	1 Kailash, Kurmarji - Salem (S)			
3.				
4.				

Statement

1. Name of employee in full T. Elangkumaran
2. Sex male
3. Religion Hindu
4. Whether unmarried/married/widow/widower _____
5. Department/Branch/Section where employed Emulsion Block
6. Post held with Poornata Id./ Ticket No./ Serial No., if any _____
7. Date of appointment 10.8.2024
8. Permanent address:
114, Navathappan Kaval Street, Kumaragigi, Sanniga Sigundu
(PO) Salem - 636015 State Tamil Nadu

Place: Salem

T. Elangkumaran
Signature/Thumb-impression of the Employee

Date: 11/08/2024

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

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 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: _____

Signature of the Employee

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