

FORM' F'

See sub-rule (1) of Rule
6

Nominatio n

To,

(Give here name or description of the establishment with full address)

Decathlon Sports India Pvt Pvt

Survey No - 78/10, A2 - Chikkajala Village, Bellary Road, Bengaluru, Karnataka 562157

I, Shri/Shrimati/Kumari **Chethan Kumar K**

(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).

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)

	Name in full with full address of nominee(s)	Relationship with employee	Age of nominee	Proportion by which the gratuity will be shared
1.	Shoba	Mother	56	100%

Statement

1. Name of employee in full **Chethan Kumar K**

2. Sex/ **Male**

3. Religion/ **Indian**

4. Whether unmarried/married/widow/widower/ **Unmarried**

5. Department/Branch/Section where employed/ **Payroll Department**

6. Post held with Ticket No. or Serial No., if any/ **Not required**

7. Date of appointment/ **12/07/2017**

8. Permanent address: **Chikkajala, Bengaluru - 560087**

Village/_____Thana/_____Sub-divis_____

Post Office/_____ District Bengaluru State/Karnataka

Place:/ Bengaluru

Date:/24/07/2017

Chethan Kumar K
Signature/Thumb-impression of the
Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me
Name in full and full address of witnesses.

1. _____

2. _____

Signature of Witnesses.

1. Your manager Signature
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

Not required

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:/

Chethan Kumar

Signature of the Employee

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