

Payment of Gratuity (Central) Rules FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

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

INFOSENSE SERVICES

I, ~~Shri~~/Shrimati/Kumari AVANI THAKARSHIBHAI VASANI

(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 the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	THAKARSHIBHAI VASANI	FATHER	48	100%.
2.				
3.				
So on.				

Statement

1. Name of employee in full AVANI THAKARSHIBHAI VASANI
2. Sex FEMALE
3. Religion HINDU
4. Whether unmarried/married/widow/widower UNMARRIED
5. Department/Branch/Section where employed ET-JAVA
6. Post held with Ticket No. or Serial No., if any _____
7. Date of appointment 03/07/23
8. Permanent address: TA. JASDAN DIS. RAJKOT TO. DODIYALA 364490
 Village DODIYALA Thana _____ Sub-division _____
 Post Office _____ District RAJKOT State GUJARAT

Place: _____
 Date: 03/07/23

Avani
 Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. NIDHI SONI
2. VISHWASH BANTA

Signature of Witnesses.

1. Nidhi Soni
2. Vishwash Banta

Place: _____
 Date: 03/07/23

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.

Avani
 Signature of the Employee

Date: _____

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