

Xylem Water Solutions India Private Limited

FORM NO. 35

(Prescribed under Rule 100)

Nomination for payment of wages in lieu of the quantum of leave to which he was entitled in the event of death of worker / employee.

I hereby nominate Mr. / Ms _____

Who is my _____ and resides at _____

_____ as to receive the amount of the balance of my wages in lieu of the quantum of leave not availed of, in the event of my death before resuming work.

Signature of the Employee

Employee Code/ Department:

Dated this _____ Day of _____ 2021 at _____

Witness:

Witness:

Name : _____

Name: _____

Address : _____

Address : _____
