

FORM –‘F’


PAYMENT OF GRATUITY ACT. [SEE SUB-RULE (1) of Rule 6] NOMINATION

To,



.....
.....





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

1. Shri/Shrimati.....
 [Name in the here]









Whose particulars are given in the statement below. I 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 the 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 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 provision 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) (1) | Relationship with the employee (2) | Age of nominee (3) | Proportion by which the gratuity will be shared (4) |
|---|---|--|---|
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STATEMENT

1. Name of the employee in full.....
2. Sex.....
3. Religion.....
4. Whether unmarried/married/widow/widower.....
5. Department Branch/Section where employed.....
6. Post held with Ticket No. Serial No. if any.....
7. Date of appointment.....
8. Permanent address.....
Village.....Thana.....Sub Division.....
Post Office.....District.....State.....
Place-
Signature.....
Thumb Impression
of the employee
Date.....

Declaration by witnesses

Nomination signed/Thumb impressed before me

Name in full and full address of witnesses

signature of witnesses

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

Name address of the establishment
or rubber stamp there of

Date.....

Acknowledgment by the employee

Received the duplicate of the nomination in Form 'F' Filled by me and duly certified by the employer.

Date.....



Note: Strike out words/paragraph not applicable

Signature of the employee