UNDER THE PAYMENT OF THE GRATUITY ACT 1972. & THE PAYMENT OF GRATUITY (MAHARASHTRA) RULE, 1972. FORM "F"

(See sub rule (I) of rule 6)

Nomination

To: M/s.

whose pareceive to death be	ri/ Shrimati/ Kumari_articulars are given in the statem he gratuity payable after my dealefore that amount has become at, the said amount of gratuity she(s).	ath as also the gr payable, or hav	ratuity standing to my ing become payable	credit in the event of my has not being paid and
	earby classify that the person(s) e(h) of section 2 of the payment G			mily within the meaning
3. The	earby declare that I have one fam	ily within the me	aning of clause(h) of s	section 2 of the said act.
	My Father/ mother/ Parents /are My husbands Father/ mother/ Pa			and.
	ave excluded my husband from r vin terms of the provision to the c			to the controlling
6. No	mination made herein invalidate	s my previous no	ominations.	
		NOMINEE((S)	
Sr No.	Name in full with address of the nominee(s)	Relationship with the employee (2)	Age of the nominee (3)	Proportion by which the gratuity will be shared (4)
1.				
2.				
3.				
4.				
		STATEMEN	NT	
1.	Religion			
2.	Sex			
3.	Name of employee in full			
4.	Whether unmarried/married/wido	ower.		

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5.	Department/branch/section whe	ere employed		
6.	Post held with ticket or serial nu	umber if any		
7.	Date of appointment			
8.	Permanent Address			
	Village	Thana		Sub division
	Post office	District		State
	e: :			Signature/thumb impression of the employee.
	DE	CLARATION BY WI	TNESS	
Nomination signed/thumb impressed before me. Name and full address of the witnesses. 1.				Signature of the witnesses 1.
2				
2.				
	e :			
Place	e::			
Place	:	TIFICATE BY THE EN		
Place Date Certif	:			nd recorded in this establishme
Place Date Certif	:CERT	nomination have bed	en verified ar	
Place Date Certif	:CERT	nomination have be	en verified ar	
Place Date Certif	:CERT	nomination have been	en verified ar signature of to Designation:	
Place Date Certif	:CERT fy that the particulars of the above loyers reference No. If any:	nomination have been	en verified ar signature of t designation : lame and ad or ru	he employer/ officer authorized dress of the establishment ober stamp therof
Date Certii Empl	:CERT fy that the particulars of the above loyers reference No. If any:	nomination have been seen seen seen seen seen seen see	en verified ar Signature of to Designation : Jame and ad or ru	he employer/ officer authorized dress of the establishment bber stamp therof
Place	: CERT fy that the particulars of the above loyers reference No. If any: ACKNOW	nomination have been seen seen seen seen seen seen see	en verified ar Signature of to Designation : Jame and ad or ru	he employer/ officer authorized dress of the establishment bber stamp therof