

**FORM - F**

[See sub-rule (1) of rule 6]

**NOMINATION**

To,

(Name and address of the establishment)

1. Shri/Smt./Kumari (Name in full here) Chandrasekhhar Ravi Chavan 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 a /are 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 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 \_\_\_\_\_ to the Controlling Authority in terms of the proviso in clause [h] of section [2] of the said Act.
6. Nomination made herein invalidates my previous nomination.

**NOMINEE[S]**

No.	Name in full with address of the nominee[s] [1]	Relationship with the employee [2]	Age of the nominee [3]	Proportion by which the gratuity will be shared [4]
01.	Ravi Dharmu chavan	Father	42	50 %
02.	Lalita Ravi Chavan	mother	40	50 %
03.				
04.				
05.				

[PTO]

**STATEMENT**

01. Name of the employee in full :

Chandrashekhar Ravi Chaman

02. Gender:

Male / Female / Transgender

03. Religion:

Hindu

04. Whether unmarried/ married/widow/widower:

unmarried

05. Department/Branch/Section where employed:

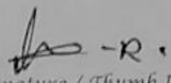
quality Department

06. Post held with Ticket or Serial No. if any:

07. Date of Appointment:

15-Nov-2022

08. Permanent Address:

Flat no. 06, F block, Amrapali  
Chase Society, Kalyani Nagar  
Pune - 411006Place: PuneDate: 15-11-2022  
Signature / Thumb Impression of the employee**DECLARATION BY WITNESSES**Nomination signed / thumb impressed before me.  
Name in full and address of witness

Signatures of witnesses

01.

02.

Place:

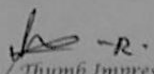
Date:

**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 anyDate: 15-11-2022Name and address of the  
Establishment or rubber stamp thereofSignature of the employer /  
officer authorized Designation**Acknowledgement by the employee**

Received the duplicate copy of nomination in Form F filed by me and duly certified by the employer.

Date: 15-11-2022

Note: Strike out the words/paragraphs not applicable

  
Signature / Thumb Impression of the employee