

**FORM 'F'**  
(See sub – rule (1) of Rule 6)  
**Nomination**

To

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

I, Shri / Shrimati / Kumari.....(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) nominated is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the said Act.
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 dependant / not dependent on me.  
(b) My husband's father/ mother / parents is / are dependant / 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 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)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1.			
2.			
3.			
4. so on			

Please put your Nominee details (Ex: Parents, Spouse or could be children)

**Statement**

1	Name of 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. Or Serial No., if any				
7	Date of appointment				
8	Permanent Address				
Village:		Thana:		Sub-Division:	
Post Office:		District:		State:	

All fields marked in "RED" should be filled it's Mandatory

Place: **Joining Location (Bangalore/Hyderabad/Pune)**

Date: **Date Of Joining**

Signature of the employee

**Your Signature**

**Declaration by witnesses**

Nomination signed/thumb-impressed before me

Name in full and full Address of witnesses

1. **Witness 1 Name**

You should mention any 2 people name as witness (Ex: Family members, Friends etc...)

2. **Witness 2 Name**

Signature of witnesses

1. **Witness 1 Signature**

You should inform the witness persons to put their signature

2. **Witness 2 Signature**

Place: **Joining Location (Bangalore/Hyderabad/Pune)**

Date: **Date Of Joining**

**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:

Date:

Signature of the Employer/ Officer authorized  
Designation  
Name and address of the establishment

**Acknowledgement by the employee**

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

Date:

Signature of the employee: