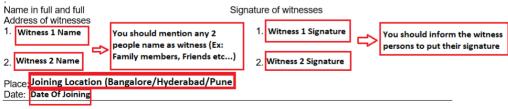
FORM 'F' {See sub - rule (1) of Rule 6}

Nomination То (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. (a) My father / mother / parents is / are dependant / not dependent on me. (b) My husband's father/ mother / parents is / are dependent / 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) Proportion by which Name in full with full Address of Relationship with Age of nominee the gratuity will be the employee nominee(s) shared 1. 2 Please put your Nominee details (Ex: Parents, Spouse or 3. could be children) so on Statement Name of employee in Full 2 Sex All fields marked in "RED" 3 Religion should be filled it's Mandatory 4 Whether unmarried / married/widow/ widower 5 Department / Branch / Section where employed 6 Post held with Ticket No. Or Serial No., if Date of appointment Permanent Address Village: Thana: Sub-Division: Post Office: District: State: Place: Joining Location (Bangalore/Hyderabad/Pune Date: Date Of Joining Signature of the employee Your Signature Declaration by witnesses Signature of witnesses Witness 1 Signature You should mention any 2 You should inform the witness people name as witness (Ex: persons to put their signature Family members, Friends etc...) 2. Witness 2 Signature

Nomination signed/thumb-impressed before me



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 Date: 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: