

NOMINATION FORM - GRATUITY

(Applicable to all employees)

FORM-F

(See Sub-Rule (1) of Rule (6)

To

Wipro Limited Doddakannelli Sarjapur Road Bangalore-560 035

1.	Sri/Smt./Kumari	DIMESH	Kumar	BEHERA	FULLNAME whose
	particulars are given	in the statement belo	ow, hereby nomina	te the person(s) mentioned	below to receive the gratuity
	payable after my deatl	h as also the gratuity	standing to my cred	it in the event of my death	before that amount has become
	payable or having bec	ome payable has not	been paid and direct	that the said amount of gra	tuity shall be paid in proportion
	indicated against the i	name(s) of the nomin	nee(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 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 proviso to clause (h) of Section 2 of the said Act.
- 6. Nomination made herein invalidates my previous nomination.

NOMINEE(S)

SI.	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
	SUCHETA SUCHISMITA SAHU			
1)	FILL IN THE NAME OF THE NOMINEE			
2)				

3)								
4)								
				STA	TEMENT			
1.	Name of employee in full			DINESH KUMAR BEHERA				
2.	Sex							
3,	Religion			MALE				
4.	Whether unmarried / married widow		idow	HINDU				
_	/ widower / divorcee			MARRIED				
5.	Department / Branch / Section where employed:							
6.	Post held with ticket / employee number:			७६८)))				
-				DI 20011975				
7.	Date of appointment		:	0012A April-03-2018				
8.	Permanent address			Samelpun, Knushanagan, Bolia, Balasone - 7560				
Villag	re ·	Ti				ragan	, Bo	la, Balasone - 75600
		Balia	Thana:	7	adon	Sub-divis	sion :	remuna
Post (Office :	Balia	District	: Bo	yazone	State	:	ODISA
Place :	Pool	anglone.				171	0	,
Post Office: Balia Dist			9				Sig	gnature / Thumb impression of the employee
								or the employee
			D	ECLAR	ATION BY WITI	NESS		
						Nomination	n signe	ed / thumb impressed before me

Name in full:

Signature of witness:

Address of witness:

. Prateck Kumar Sigh

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above	we nomination have been verified and recorded in this establishment.
Employer's Reference No. if any	
Date :	Signature of the employer/officer authorised
	Designation Name & address of the establishment or rubber stamp thereof
<u> </u>	ACKNOWLEDGEMENT BY THE EMPLOYEE
Received the duplicate copy of nomin	nation in Form-F filled by me and duly certified by the employer.
Date	Signature of the employee