



## GRATUITY NOMINATION FORM

Psno : 40030384  
Request No. : 23WF12046275  
Mobile No. :



1. TO

**L&T TECHNOLOGY SERVICES LIMITED,**  
**Shared Service Centre (SSC), Krislon House, Mumbai**  
(NAME & ADDRESS OF THE ESTABLISHMENT/COMPANY)


I, Shri/ Shrimati/ Kumari **V C DINESH**(Name in full, Surname first) 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 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 Trustee's/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

| PAYSHEET NUMBER |   | LOCATION | REGION                      | EMPLOYEE'S FATHER'S/HUSBAND'S NAME |                   |               |
|-----------------|---|----------|-----------------------------|------------------------------------|-------------------|---------------|
| 40030384        |   | BARODA   | L&T TECHNOLOGY SERVICES     |                                    |                   |               |
| SLNO            | NAME & ADDRESS OF THE NOMINEE<br>OR NOMINEES (UPTO 3 Nos.)                    |          | RELATIONSHIP WITH<br>MEMBER | SHARE %<br>*                       | AGE OF<br>NOMINEE | DATE OF BIRTH |
| 1               | <b>V LOKESH</b><br>1-126 V Mittapalli, Kuppam, Andhra Pradesh 517425 Chittoor |          | BROTHER I                   | 100                                | 24                | 08/05/1998    |

\* This column should be filled in so as to cover the whole of the amount that may stand to the credit of the member in the Fund which is payable in the event of his death.  
Please refer definition of "Family" on Page 2.

**STATEMENT**

|                                     |            |                 |  |                            |
|-------------------------------------|------------|-----------------|--|----------------------------|
| <b>NAME OF THE EMPLOYEE IN FULL</b> | <b>SEX</b> | <b>RELIGION</b> | <b>WHETHER MARRIED/UNMARRIED /WIDOW/WIDOWER</b>  |                            |
| V C DINESH                          | Male       | HINDUISM        | Unmarried  |                            |
| <b>DEPARTMENT</b>                   |            |                 | <b>CADRE WITH PAYSHEET NUMBER</b>  | <b>DATE OF APPOINTMENT</b> |
| 1231HCC                             |            |                 | LTTS-2 (40030384)  | 28/09/2022                 |
| <b>PERMANENT ADDRESS</b>            |            |                 |  |                            |
| -                                   |            |                 | SIGNATURE/THUMB IMPRESSION OF THE EMPLOYEE  |                            |

**DECLARATION BY WITNESSES**

Certified that the above nomination has been signed/thumb impressed before me.

Name in full and address of the witnesses

Signature of the witnesses

1. \_\_\_\_\_

1. \_\_\_\_\_ 

2. \_\_\_\_\_

2. \_\_\_\_\_ 

Place \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATE BY THE EMPLOYER**

Certified that the particulars of the above nomination have been verified and recorded in this establishment. Employee References No. if any:

|   |                    |   |             |
|---|--------------------|---|-------------|
| <b>Signature of the employer/authorised officer</b> | <b>Designation</b> | <b>Name &amp; Address of the establishment or rubberstamp thereof</b> | <b>Date</b> |
|   |                    |   |             |

**ACKNOWLEDGEMENT BY THE EMPLOYEE**

Received the duplicate copy of nomination form filled by me and duly certified by the employer

(Signature of the Employee)



(Date)