

**Payment of Gratuity  
( See Sub-Rule (1) of Rule 6 )**

**FORM 'F'**

**014**

**NOMINATION**

Subsection : GENERAL

To CHAMPO CARPETS

HARIRAMPUR, AURAI ROAD, BHADOHI, U.P. – 221401

(Give here Name or Description of the Establishment with Full Address)

1. Shri/Smt. Kumari MANEESH SINGH

(NAME IN FULL)

whose particulars are given in the statement below hereby nominate the person (s) mentioned below 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 that the said amount of gratuity shall be paid in reparation indicated against the name (s) of the nominee(s)

2. I hereby certify that the person(s) mentioned is/ are member(s) of my family within the meaning of clause (h) of section 2 the payment of Gratuity Act. 1972

3. I here declare that I have no family within the meaning of clause (h) of section 92) of 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 from my family by notice dated that to the controlling Authority in terms of the prevision to clause (h) of Section (2) of 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 CHETANA	Wife	28	50.00 %
2 LAVISH	Son	3	20.00 %
3 DIVIJA	Daughter	1	30.00 %
as on			

(P.T.O)

## STATEMENT

1. Name of Employee in Full : **MANEESH SINGH**

2. Sex : **MALE**

3. Religion :

4. Whether unmarried/married/widow/widowe : **UNMARRIED**

5. Department/Branch/Section where employed : **PRODUCTION**

6. Post held with Ticket of Serial No. if any : **PACKER**

7. Date of appointment : **04-Jun-2018**

8. Permanent Address :

Village: **KAUNDAR** Thana: Sub. Devision:

Post Office: **SURIYAWAN** Distirct: **SRN** State:

Place: BHADOHI  
Date: 04-Jun-2018

Signature/Thumb impression  
of the employee

## DECLARATION BY WITNESS

Nomination Signed/Thumb impressed  
before me

Signature of witness

1. 1.

2. 2.

Place: BHADOHI  
Date: 04-Jun-2018

## CERTIFICATE BY EMPLOYER

Certified that the Particulars of the above nomination has been verified and recorded in this establishment.

Employer's Reference No. if any

Signature of the employer/office authorised  
Designation  
Name and address of the establishment or  
rubber stamp thereof

Name and address of the establishment

## ACKNOWLEDGEMENT BY EMPLOYEE

Formed the duplicate copy of nomination in Form 'F' filled me duly certified.

Signature of the Employee

Date: 04-Jun-2018