

Employee ID: H509053

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination

To,

HON Tech Solutions
Lab Pvt Ltd

HW Campus II
Bangalore, India

PRACHI GULIHAR

1. Shri/Shrimati/Kumari 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 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)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
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VINAY GERA
3H-13, NIT, FARIDABAD,
HARYANA, 121001

HUSBAND 03-FEB-93 100%

Employee ID: H509053

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 or Serial No., if any
7. Date of appointment
8. Permanent Address

Statement

:: PRACHI GULIHAR
:: FEMALE
:: HINDU
:: MARRIED
:: CORP
:: H509053
:: 25th APRIL 2022
:: 3H-13, NIT FARIDABAD, HARYANA-121001
::

Village..... Thana.....
Post Office 121001 District FARIDABAD
State HARYANA

Place: FARIDABAD

Date: 5th MAY-2022

Prachi Gulihar
Signature / Thumb impression
of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses

1. INDU GULIHAR
2. HARISH GERA

Signature of witnesses

1. *Indu Gulihar*
2. *Harish Gera*

Place: FARIDABAD

Date: 5th MAY-2022

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

Designation

Date:

Name and address of the
establishment or rubber stamp
thereof

Acknowledgement by the employee

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

Date: 5th May - 2022

Prachi Gulihar
Signature of the employee