Payment of Wages (Nomination) Rules, 2009

FORM - I

Nomination and Declaration Form (See Rule 3)

Name of Person making nomination AMPIL UFRMA
n block letters)
Father's/Husband's name BIKENIDRA KUMAR VERMA
Date of Birth 27-/03/1995
Sex
Marital Status Single
Address BIRSA MANIAR SHAHPUR, DALTONUANJ
rmanent
mporary

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my death:

Name of Nominee/ nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of the
1	2	3	4	_	nominee
BIRERIDRA KUMAK VERMA	BIRSA MANINA SHAHPYR DALTONLYANI -822110		01/05/1984	5	6

- 1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
- 2. *Certified that my father/mother is/are dependent on me.
- 3. *Strike out whichever is not applicable.

Signature or thumb impression of the employed person

CERTIFIED BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed
before me by Shri./Smt./Kum
employed in my establishment after he/she has read the entry/entries have been read ove
to him/her by me and got confirmed by him/her.

Signature of the employer or other authorised Officer of the establishment and Designation

Place:

Date:

Name and Address of the Factory/ Establishment and rubber stamp thereof