

Payment of Gratuity (Central)

Rules FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

(Give here name or description of the establishment with full address)

Tech Mahindra Limited.

I, Shri/Shrimati/Kumari **JAGILETI HARIHARANANDANA GOUD**

(Name in full here)

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/are a 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
(1)		(2)	(3)	(4)
	GOUD J CHANDRA MOHAN	FATHER	63	50
	GOUD J SUJATHA	MOTHER	53	50

Statement

1. Name of employee in full JAGILETI HARIHARANANDANA GOUD
2. Sex MALE
3. Religion HINDU
4. Whether unmarried/married/widow/widower SINGLE
5. Department/Branch/Section where employed IBU INSURANCE
6. Post held with Ticket No. or Serial No., if any _____
7. Date of appointment 27-JUL-2022
8. Permanent address:
Village 8/57, OLD TOWN ,MAIN ROAD Thana _____ Sub-division _____
Post Office 518380 District PATTIKONDA State AP



Place: BENGALURU

Signature/Thumb-impression of the Employee

Date: 27-JUL-2022

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. _____

2. _____

Signature of Witnesses.

1. _____
2. _____

Place: BENGALURU

Date: 27-JUL-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 authorised
Designation

Date: 27-JUL-2022

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: 27-JUL-2022

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.