

FORM 'F'

Nomination

To

Employee Code: 25061

The HR Manager
KGiSL Technologies Private Limited,
365 Thudiyalur Road, Saravanampatti
post, Coimbatore - 641035

I, Shri /Shrimati / Kumari LOGESHWARAN M

(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).

☒ 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.

☐ I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

☐ (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.

☐ 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.

☐ 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)
1.	RUBASHREE D	WIFE	24	100 %
2.	BAC, EB ROAD			
3.	SALAI PUDUR (PO)			
4.	KODUMUDI (VIA)			
5.	ERODE - 638151			

Statement

1. Name of employee in full LOGESHWARAN M
2. Sex MALE
3. Religion HINDU
4. Whether unmarried/married/widow/widower MARRIED
5. Department/Branch/Section where employed IT DEPARTMENT
6. Post held with Ticket No. or Serial No., if any 25061
7. Date of appointment 06-11-2020
8. Permanent address: 2/75, SALAI THOTTAM, PUGALUR (TK)
Village THENNILAI Thana _____ Sub-division _____
Post Office THENNILAI District KARUR State TAMILNADU

Place: COIMBATORE

Date: 07/08/2023

M. Logeshwar
Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses

1. T. Aruna

1. T. Aruna

183, Siva Sakthi Colony, Gramapathy
Coimbatore - 641006

2. N. Surya Prabha

2. N. Surya Prabha

8/15, Palani Andavan, Pudhuvu, Madhampatti
Place & Date: Coimbatore - 641010

COIMBATORE & 07-08-2023

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: 07/08/2023

M. Logeshwar
Signature of the Employee