

The Payment of Gratuity (Central) Rules 1972
Form "F"

(See Sub-rule (1) of Rule
6) Nomination

To

- 1 ✓ Shri/ Shrimathi/ Kumari PRASHANT KUMAR RAWAT (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 are gratuity standing to my credit in the event of my death before that
amount has 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 the
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 (Date of birth)	Proportion which the gratuity will be shared
1 <u>MALTI</u> <u>DEVI</u>	<u>MOTHER</u>	<u>01/01/1968</u>	<u>100%</u>
2			
3			

Give here name or description of the establishment with full address.

[P.T.O]

The Payment of Gratuity (Central Rules, 1972)

STATEMENT

1 Name of the employee in full : PRASHANT KUMAR RAWAT
2 Sex: MALE
3 Religion: HINDU
4 Whether unmarried/married widow/widower: UNMARRIED
5 Department/ Branch/section where employed: Graduate ITS/IE
6 Post held with Ticket or Serial No. if any : Graduate Engineer Trainee 507225
7 Date of appointment : 04/08/2023
8 Permanent address: Vill+Post - Andala, Tehsil - Khair, District - Aligarh
UP, 202140
Village Andala Thana Khair Sub-
Division Khair Post Office
Andala District Aligarh State Uttar Pradesh
202140

Place: BANGALORE
Date: 16/08/2023

Prashant
Signature of the employee

DECLARATION BY WITNESSES

Nomination signed / thumb – impressed before me.

Name in full and full address of witness	Signature of
witness 1. Jatin Kumar	1. Jatin
2. Chitraush	2. Chitraush

Place: BANGALORE
Date: 16/08/2023

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 Designation

Name and address of the establishment or rubber – stamp thereof

Acknowledgement by the Employee

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

Date: 16/08/2023

Prashant
Signature of the employee