

Form 'F'
[See sub-rule (1) of rule 6]

Nomination

ToSA Tech Software India Ltd

[Give here name or description of the establishment with full address]

1. Shri/Srimati/Kumari Siddheshwar V. Jadhav whose
particulars are given in the statement below, [Name in full here]

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 dependant on me.
(b) my husband's father/mother/parents is/are not dependant 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. Nisha Jadhav	wife	26 yrs	100%.
2. Latur.			
3.			
so. on.			

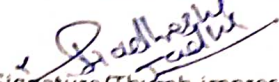
Statement

1. Name of employee in full. - siddheshwar vijaykumar jadhav
2. Sex. - male
3. Religion. - Hindu.
4. Whether unmarried/married/widow/widower. - married
5. Department/Branch/Section where employed. IT
6. Post held with Ticket or Serial No., if any. -

7. Date of appointment. 04-07-2024,
8. Permanent address. At-post-Bawchi Tq-Penapur Dist Latur.

Village Bowchi Thana Penapur Sub-division Post Office Bitergaon
District Latur State Maharashtra

Place - Pune


Signature/Thumb impression
of the employee

Date 03/07/2024


Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full Signature of witnesses.

address of witnesses.

1. Rajendra Lokhande 1.  - Pune.

2. Pratik Mohite 2.  - Pune.

Place Pune

Date 03/07/24

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

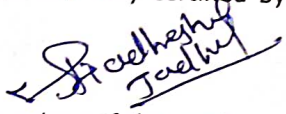
Date

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 Pune


Signature of the employee