

UNDER THE PAYMENT OF THE GRATUITY ACT 1972.
&
THE PAYMENT OF GRATUITY (MAHARASHTRA) RULE, 1972.
FORM "F"
(See sub rule (I) of rule 6)
Nomination

To : M/s.

1. Shri/ ~~Srimati~~/ Kumari Rathod Rutvik Valjibhai
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 being 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 hearby classify that the person(s) mentioned is/are member(s) of my family within the meaning of clause(h) of section 2 of the payment Gratuity act, 1972.

3. I hearby declare that I have one family within the meaning of clause(h) of section 2 of the said act.

4. (a) My Father/ mother/ Parents /are not dependent on me.
(b) My husbands Father/ mother/ Parents /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 provision to the clause(s) of section 2 of the said act.

6. Nomination made herein invalidates my previous nominations.

NOMINEE(S)				
Sr No.	Name in full with address of the nominee(s) (1)	Relationship with the employee (2)	Age of the nominee (3)	Proportion by which the gratuity will be shared (4)
1.	Valjibhai Rathod	father	46	50 %
2.	MADHUBEN RATHOD	MOTHER	44	50 %
3.				
4.				

STATEMENT		
1.	Religion	HINDU
2.	Sex	MALE
3.	Name of employee in full	RATHOD RUTVIK VALJIBHAI
4.	Whether unmarried/married/widower.	UNMARRIED

5.	Department/branch/section where employed		
6.	Post held with ticket or serial number if any		
7.	Date of appointment		01-01-2024
8.	Permanent Address Aambekar Nagar, Shivrajpur, Jasdan		
	Village Shivrajpur	Thana	Sub division
	Post office	District Rajkot	State Gujarat

Place : JASDAN

Date : 01-07-2024

Rubrik

Signature/thumb impression
of the employee.

DECLARATION BY WITNESS

Nomination signed/thumb impressed before me.
Name and full address of the witnesses.

1.

Signature of the witnesses
1.

2.

Place : _____

Date : _____

CERTIFICATE BY THE EMPLOYER

Certify that the particulars of the above nomination have been verified and recorded in this establishment.
Employers reference No. If any:

Signature of the employer/ officer authorized.

Designation :

Name and address of the establishment
or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of nomination in form "F" filed by me and duly certified by the employer:

Date : 01-07-2024

Rubrik

Signature of the employee:

Note : Strike out the words/paragraphs not applicable.

