

FORM 'F'

[See sub-rule(1) of rule 6]

Nomination

To... FIS Global Business Solutions India Pvt. Ltd.

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

I, Shri/ Shrimati/ Kumari SARAKAM TRISUVAN 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 date 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. SARAKAM VENKATA SIMHACHALAM	FATHER	50	50%
2. SARAKAM LALITHA	MOTHER	48	25%
3. SARAKAM PARROHIV	BROTHER	22	25%
so on.			

Statement

1. Name of employee in full SARAKAM TRIBUVAN
2. Sex. MALE
3. Religion. HINDU
4. Whether unmarried/ married/ widow/ widower. UNMARRIED
5. Department/ Branch/ Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment. 01/01/2025
8. Permanent address. 45-44A-12/9, Mahatani Parlour Junction, Visakhapatnam, Andhra Pradesh - 530016.

Village.....Thana.....Sub-division.....Post Office...

Place

Date

Tribuvan Sarakam

Signature/ Thumb impression
of the employee

Declaration by witnesses

Nomination signed/ thumb impressed before me.

Name in full and full

1. Anmol Pansari
2. Shreyash Mahajan

Place

Date

Signature of witnesses

1. Anmol
2. Shreyash

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

Tribuvan Sarakam
Signature of the employee