## Form of Nomination Gratuity Fund

Form No. 40A [See Rule 67A/rule 101A]

Name of the Employee: _						
	(First Name	Middle Nam	e Last N	lame	Surname)	
Gender: Male/ Female			Marital Status	: Married/ Unmarrie	d/ Widow/ Widower	
Religion:			, Date of Birth:			
Father's Name/ Husband	's Name in case of Married	Women:				
Permanent Address			I hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit in the gratuity fund in the event of my death before that amount becomes payable, or, having become payable, has not been paid, and direct that			
			the said amount shall be distributed among the said person(s) in the manner shown against their name:			
Name and A	Address of Nominee	Rela	Nominee's ationship with the Employee	Age of Nominee (DD/MM/YY)	Amount of share of accumulations in the Gratuity Fund	
Certified that I hav	e no family, and should I ac	quired a fami	ly hereafter, the ab	ove nomination shou	ld be deemed as cancelled	
Certified that my f	ather/ mother/ sister(s) mir	nor brother(s)	is /are dependent (	upon me.		
Date: Signature of the Employee:						
Any two witnesses to sign [Please mention names & address along with signature]						
Sig	nature	Name & Address:				
Sig	Signature Name & Address:					

## Payment of Gratuity (Central) Rules FORM 'F'

See sub-rule (1) of Rule 6

## Nomination

(Give here name or description of the establishment with full address)  (I, Shri/Shrimati/Kumari	To,						
(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 amou has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall paid in proportion indicated against the name(s) of the nominee(s).  2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) 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	(Giv	e here name or description	of the establishment with ful	l address)			
(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 amou has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall paid in proportion indicated against the name(s) of the nominee(s).  2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) 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							
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(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	2.			nember(s) of my fam	ily within th	e meaning of clause (h) of	
(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	3.	I hereby declare that I have	no family within the meanin	g of clause (h) of Sec	tion 2 of the	said Act.	
Statement  Name of employee in full  Nower employee  Name of employee in full  Nomer employee  Name of employee in full  Name of employee in full  Nomer employee  Name of employee in full  Nomer employee  Nomer employee  Statement  Name of employee in full  Name of employee in full  Nomer employee  Nomer employee  Statement  Nomer employee  Nomer emplo	4	(a) My father/mother/pare	nts is/are not dependent on	me.			
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)  Name in full with full the employee nominee  (1)  Statement  Name of employee in full  Sex  Religion  Whether unmarried/married/widow/widower  Department/Branch/Section where employed  Post held with Ticket No. or Serial No., if any  Date of appointment  Permanent address:  Village  Thana  Sub-division  Post Office  District  State		(b) My husband's father/m	other/parents is/are not dep	endent on my husbar	nd.		
Nominee(s)    Name in full with full address of nominee(s)   Relationship with the employee   nominee   the gratuity will be shared	5.						
Name in full with full address of nominee(s)  Relationship with the employee nominee the gratuity will be shared  (1) (2) (3) (4)  1. (2) (3) (4)  1. Name of employee in full 2. Sex 8. Religion 4. Whether unmarried/married/widow/widower 5. Department/Branch/Section where employed 6. Post held with Ticket No. or Serial No., if any 7. Date of appointment 8. Permanent address:  Village 7. Thana 8. Sub-division 9. Post Office 9. District 5. State	6.	Nomination made herein in	nvalidates my previous nomin	ation.			
address of nominee(s) the employee nominee the gratuity will be shared  (1) (2) (3) (4)  1. (2) (3) (4)  1. Name of employee in full  2. Sex  3. Religion  4. Whether unmarried/married/widow/widower  5. Department/Branch/Section where employed  6. Post held with Ticket No. or Serial No., if any  7. Date of appointment  8. Permanent address:  Village			Nomir	nee(s)			
Statement  1. Name of employee in full  2. Sex  3. Religion  4. Whether unmarried/married/widow/widower  5. Department/Branch/Section where employed  6. Post held with Ticket No. or Serial No., if any  7. Date of appointment  8. Permanent address:  Village  Thana  Sub-division  Post Office  District  State						the gratuity will be	
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1. Name of employee in full	2.						
2. Sex			State	ment			
3. Religion	1.	Name of employee in full_					
4. Whether unmarried/married/widow/widower	2.	Sex					
5. Department/Branch/Section where employed	3.	Religion					
5. Post held with Ticket No. or Serial No., if any	4.	Whether unmarried/marrie	ed/widow/widower				
7. Date of appointment	5.						
8. Permanent address:  VillageThanaSub-division  Post OfficeDistrictState	5.	Post held with Ticket No. or Serial No., if any					
VillageThanaSub-division   Post OfficeDistrictState	7.	Date of appointment					
Post OfficeDistrictState	8.	Permanent address:					
		Village	Thana		_Sub-division	າ	
		Post Office	District		_State		
				:	Signature/Th	numb-impression of the	

## **Declaration by Witnesses**

Nomination signed/thumb-impressed before me	
Name in full and full address of witnesses.	Signature of Witnesses.
1.	1
2	2
Place:	
Date:	
Certificate by t	the Employer
Certified that the particulars of the above nomination have b	
Employer's Reference No., if any	Designation
Date:rubber stamp thereof.	Name and address of the establishment or
rubber stamp thereof.	
Acknowledgement	by the Employee
Received the duplicate copy of nomination in Form 'F' filed b	y me and duly certified by the employer.
Date:	Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.