

FORM "F"**Emp.Code No.**

See sub-rule(1) of Rule 6


NOMINATION

To

M/s. HCL Technologies Limited
A-11, Sector-16
Noida - 201 301

1. Mr/Ms. C ROOPA . (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 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 (s) 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 upon 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 provision to clause (h) of Section 2 of the Said Act
6. Nomination made herein invalidates my previous nomination.

NOMINEE (S)

Name of nominee/nominees	Address of Nominee	Nominee's relationship with the Employee	Age of Nominee	Proportion by which the Gratuity will be shared
C SREENIVASULU	4-12, CHINTHA KUPPAM, RAMAKUPPAM,CHITTOOR DIST517401	Father	57	100
				

Signature_____

STATEMENT

Name of the employee in Full **C ROOPA .**
Sex **Female**
Religion **Hindu**
Whether Unmarried/Married/Widow/Widower **Single**
Department/Branch/Section where employed _____
Post Held with Emp.Code No.,if any _____
Date of Appointment **01-Aug-2022**
Permanent Address of the employee **C/O : , DOOR#896, SRIVARI NILAYAM, 5TH MAIN,**
,TULASI THEATER RD, MARATHAHALLI,BANGALORE,BANGALORE,
Karnataka,India,
560037, Telephone No :

Place **Bengaluru**
Date **01-Aug-2022**


Signature or thumb impression of the Employee

DECLARATION BY WITNESSES

Nomination signed/thumb - impressed before me

Name in full and full addresses of witnesses

1 **Varsha,chennai,,Tamil Nadu,CHENNAI ,603202**

Place _____

2 **sumithra ,CHENNAI,,Tamil Nadu,CHENNAI ,603202**

Date **01-Aug-2022**

Signature of Witnesses :

1 _____
2 _____

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 or other
Authorised Officers of the Establishment.
Designation

Dated the : _____

Name and Address of the
Establishment or Rubber Stamp Thereof