

FORM 'F'

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

Nomination

To, **...Just Dial Limited, Mumbai, Maharashtra - 400064 ...**

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

I, Shri/ Shrimati / Kumari... **UDATHA PAVAN KUMAR...**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 with in 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 in validates 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
Sudha Rani	spouse	21	100
		52	
Sudha Rani	spouse	21	100

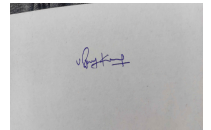
Statement

1. Name of employee in full: UDATHA PAVAN KUMAR
2. Sex: MALE
3. Religion: hinduism
4. Whether unmarried / married / widow / widower: MARRIED
5. Department / Branch / Section where employed: Sales (JDA Customer Facing)
6. Post held with Ticket or Serial No., if any: -
7. Date of appointment: -
8. Permanent address: 2-83, Kurupaka, Siddapuram, New colony, 534235, Akividu, Near ramalayam, West Godavari, Andhra Pradesh

Village: Thana: Sub-division: Post Office: District: State: Pincode:

Place:

Date: 27 November 2022



Signature or thumb impression
of the subscriber

Declaration by witnesses

Nomination signed / thumb impressed before me.

Name in full with full address of nominee(s)

Relationship with the employee

1:.....

1:.....

2:.....

2:.....

Place:

Date: 27 November 2022

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.

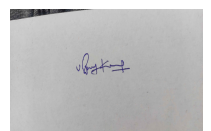
27 November 2022

Acknowledgement by the employee.

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date

27 November 2022



Signature of the employee

