

GRATUITY FUND
FORM 'F'
[See sub-rule (1) of rule 6]
Nomination

Fund Name:

To The Trustees

1. I, Shri/Shrimati/Kumari Chandrakanth Goud Sandhil whose particulars are given in the statement 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/are a 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 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 to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act. ----- N/A
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

SL NO	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	2	3	4
1	Sandhil yadaiah 13-35 Kalalwadi street Kosgi Telangana 509339 India	Father	46	
2				

42245

EMPLOYEE ID

Statement

1. Name of employee in full : Chandrakanth Goud Sandhil
2. Sex : Male
3. Religion :
4. Whether unmarried/married/widow/widower : Single
5. Department/Branch/Section where employed : ADM
6. Post held with Employee No, if any : Associate IT Consultant
7. Date of appointment : 02-Jun-2021
8. Permanent address :
13-35 Kalalwadi street Kosgi
Telangana India PIN: - 509339

Date:

Signature/Thumb impression of the employee

(Declaration by witnesses)

Nomination signed/thumb-impressed before me.

Name in full and full addresses of witness

1
2

Signature of witnesses

1
2

Place

Date

(Certificate by the employer)

Certified that the particulars of the above nomination have been verified and recoded in this factory/plantation/shop/establishment.

Employer's Reference No., if any.

Signature of the employer/Officer Authorised
Designation:

Date.....

Name and address of the factory
plantation/shop/establishment or rubber
stamp thereof

(Acknowledgement by employee)

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

Date:.....

Signature of the employee

Note : Strike out the words/paragraphs not applicable

42245

EMPLOYEE ID