

(This form is not applicable for Interns)

Gratuity Nomination Details

Gratuity Benefit					
	1	2	3	4	5
Beneficiary Name					
Beneficiary Relationship					
Beneficiary Date of Birth					
Beneficiary Guardian Name <i>(If the nominee is a minor)</i>					
Beneficiary Address					
Proportion of Lumpsum%					



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FORM F

See Sub-rule (1) of Rule 6

Nomination

To,  
Capgemini Technology Services India Limited Plant.2, Block A, Godrej IT  
Park, Godrej & Boyce compound, LBS Marg, Vikhroli (West),  
Mumbai-400079

I, Shri/ Srimati/Kumari \_\_\_\_\_

Whose recently 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.

- 1. 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.
- 2. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- 3. (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.
- 4. 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
- 5. Nomination made here in invalidates my previous nomination.

Beneficiary Name in full with full address	Beneficiary Relationship with the employee	Beneficiary Date of Birth	Proportion of Lumpsum %

Statement

1. Full Name of member

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:

Subdivision:

Post Office:

District:

State:

Place:

Date:

signature/Thumb-impressed of employee

(This form is not applicable for Interns)

Declaration by Witnesses	
Nomination signed/thumb-impressed before me	
<b>Name in full and full address of witnesses.</b>	<b>Signature of Witnesses.</b>
1. _____	1. _____
2. _____	2. _____
Place:_____	
Date:_____	

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. _Capgemini Technology Services India Limited Plant.2, Block A, Godrej IT Park, Godrej & Boyce compound, LBS Marg, Vikhroli West), Mumbai-400079

Acknowledgement by the Employee	
Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.	
04/09/2025	<b>Signature of the Employee</b> Electronically signed by: Venkatesan D
<b>Date:</b> _____	
Note- Strike out the words/paragraphs not applicable.	