

**Form F**  
**(See Sub-rule (1) of Rule 6)**  
**Nomination**

To

\_\_\_\_\_ (Vodafone Entity Name)

\_\_\_\_ (Address Line 1)

\_\_\_\_ (Address Line 2)

1. Shri/Shrimati/Kumari \_\_\_\_\_ (names 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/has not been paid, and direct the said amount of gratuity shall be paid in the proportion indicated against the names/s of the nominee/s.

a. I hereby certify that the person/s mentioned is a/are member/s of my family within the meaning of clause (h) of section 2 of the Payment of Gratuity Act, 1972.

b. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said Act.

i. My father/mother/parents is/are not dependent on me.

ii. My husband's father/mother/parents is/are not dependent on my husband.

c. I have excluded my husband from my family by notice dated the \_\_\_\_\_ to the controlling authority in terms of the provision to clause (h) of section 2 of the said Act.

2. Nomination made herein invalidates my previous nomination.

## Nominee/s

Name in full with full address of nominee/s	Relationship	Age of nominee	Proportion by which the gratuity will be shared with the employee
1.			
2.			
3.			
4.			
so on			



**Statement**

1. Name of the employee (in full) \_\_\_\_\_

2. Gender \_\_\_\_\_

3. Religion \_\_\_\_\_

4. Whether married/unmarried/widow/widower \_\_\_\_\_

5. Department/Section where employed \_\_\_\_\_

6. Designation and emp. code \_\_\_\_\_

7. Date of appointment \_\_\_\_\_

8. Permanent address \_\_\_\_\_

Village \_\_\_\_\_ Taluka \_\_\_\_\_ Sub-division \_\_\_\_\_

Post office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Declaration by Witnesses**

Nomination signed/thumb-impressed before me.  
Name in full and address of witness

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**Certificate by the Employer**

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the employer/officer authorised.  
Designation.  
Name and address of the establishment or rubber stamp thereof

**Acknowledgement by the Employee**

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

Date \_\_\_\_\_

\_\_\_\_\_  
Employee's signature

Note: Strike out the words/paragraphs not applicable





**Statement**

1. Name of the employee (in full) \_\_\_\_\_

2. Gender \_\_\_\_\_

3. Religion \_\_\_\_\_

4. Whether married/unmarried/widow/widower \_\_\_\_\_

5. Department/Section where employed \_\_\_\_\_

6. Designation and emp. code \_\_\_\_\_

7. Date of appointment \_\_\_\_\_

8. Permanent address \_\_\_\_\_

Village \_\_\_\_\_ Taluka \_\_\_\_\_ Sub-division \_\_\_\_\_

Post office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Declaration by Witnesses**

Nomination signed/thumb-impressed before me.  
Name in full and address of witness

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**Certificate by the Employer**

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the employer/officer authorised.  
Designation.  
Name and address of the establishment or rubber stamp thereof

**Acknowledgement by the Employee**

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

Date \_\_\_\_\_

\_\_\_\_\_  
Employee's signature

Note: Strike out the words/paragraphs not applicable



\*The information provided shall be kept confidential as per company policy.

# ADITYA SINGH

## DETAILS

### ADDRESS

KAMOTHE  
Navi Mumbai, 410209  
India

### PHONE

7021687515

### EMAIL

adityaramdeosingh@gmail.com

### DATE OF BIRTH

31-08-2001

## SKILLS

Ability to Multitask

Ability to Work in a Team

Critical thinking and  
problem solving

## PROFILE

College Student seeking employment in a impactful domain.

Bringing forth a motivated attitude and a variety of powerful skills.

Committed to utilizing my skills to further the mission of a company.

## EMPLOYMENT HISTORY

### Sales Associate, BANDAI NAMCO

Navi Mumbai

Nov 2019 — Jul 2022

Worked as Cashier and Assistant Inventory Manager as well.

#1 in Staff-Level Appraisal.

- Remained punctual and professional at all times.
- Settled customer disputes in a professional and pleasant manner.

## EDUCATION

### SSC , St.Josephs High School

87%

### HSC, Dr.D.Y Patil

73%

### BSc.Cs, Pillais College

Currently Pursuing