

The Payment of Gratuity (Central) Rules, 1972

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

To _____ (Vodafone Entity Name)

_____ (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 ratuity 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



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

_____ (Vodafone Entity Name)
 _____ (Address Line 1)
 _____ (Address Line 2)

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.

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



*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