

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

YASH Technologies Pvt. Ltd.

201-205 Bansi Trade center, 581/5, M.G. Road, Indore

(M.P.)- 452001

1. I Yukta Nagle

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, 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).

- 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.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (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.
- I have excluded my husband from my family by a notice dated the (Not Applicable) to the controlling authority in terms of the provision to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in Full of Nominee	Address	Relationship with Employee	Age of Nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)	(5)
1 YADORAO NAGLE	N-131, Singapore Green View Talawali Chanda, Indore	Father	52	100%
2				
3				
4				

Statement

1. Name of employee in full: **Yukta Nagle**
2. Gender: **Female**
3. Religion: Hindu
4. Whether Single/Married/Widow/Widower/Divorcee: **UnMarried**
6. Post held: **Trainee**
7. Date of appointment: **2/28/2022**

8. Permanent address:

N-131 Singapore Green View Talawali Chanda Indore (M.P)

Place: Indore

Date: 2/28/2023

Yukta

Signature of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses

1. VIVEK GARG (SR. EXECUTIVE)

2. RAJKUWAR CHAUDHARI
545 Sudama Nagar Indore

Signature of Witnesses.

1. [Signature]

2. [Signature]

Place: Indore

Date: 05/28/2023

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 - **1014831**

Date: 05/28/2023

[Signature]
Signature of the employer/Officer authorized
Designation

Acknowledgement by the Employee

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

Yukta

Signature of the Employee

Date: 2/28/2023

Note: Strike out whichever is not applicable.