

FORM - F (See Sub-Rule (1) of Rule 6) Nomination

To

--

1. Shri/smt./Kumari.....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).

2. 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.

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.

6. Nomination made herein invalidates my previous nomination.

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.			
5.			

Statement

1. Name in full:

2. Sex:

3. Religion:

4. Whether unmarried/married/widow/Widower:

5. Department / branch/Section where employed:

6. Post held with Ticket or Serial No., if any:

7. Date of appointment:

8. Permanent address:

Village_____Thana_____Sub-division _____

Post office_____District_____State _____

Place: _____ Signature / Thumb-impression of the employee:

Date: _____

Declaration by witnesses

Fresh nomination signed / thumb-impressed before me.

Name in full and full Address of witnesses

1

Signature of witnesses

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

Authorized Signatory

Name & Address of the establishment Rubber-
stamp thereof

Acknowledgment by the employee

Received the duplicate copy of nomination in Form F& Form2 filed by me and duly certified by the employer.

Date: _____ Signature of the employee