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| **FORM-I** | | | | | | |
| NOMINATION AND DECLARATION FORM (See rule 3) | | | | | | |
| Name of the Employee making  nomination | |  | | | | |
| **Father's Name** | |  | | | | |
| Date of Birth | |  | | | | |
| Marital Status | |  | | | | |
| Permanent Address | |  | | | | |
| Temporary Address | |  | | | | |
| I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event to my death. | | | | | | |
| Name of the  nominee/nominees | Address | | Nominee's relationship with the member | Date of Birth | Total amount of share to be paid to each nominee  (%) | If the nominee is minor,  name, relationshiip and  address of the guardian  who may receive the  amount during the  minority of nominee. |
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Cer**ti**fied that i have no family and should i acquire a family herea**ft**er, the above nomina**ti**on shall be deemed as cancelled.

Cer**ti**fied that my father.mother is/are depending on me.

\*Strike out whichever is not applicable.

**Signature** or thumb impression of the employed person

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed/thumb impressed before me by **Shri/Smt/Kum** employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.



**(SENIOR DIRECTOR - HUMAN RESOURCES)** Signature of the employer or other authorised officer of the extablishment and Designation

**Omega Healthcare 33, NAL Wind Tunnel Road, Murugeshpalya, Bengaluru, Karnataka 560017** Name and Address of the Factory/Establishment and rubber stamp thereof.

Place:   
Date:

**Declaration**

I have gone through HR, Admin & compliance induction and have understood HR policies & procedures, disciplinary procedures,   
general guidelines, QMS & ISMS guidelines, Code of conduct, NDA, confidentiality & security agreement were explained to me. I will   
adhere to them without any deviation during my tenure at Omega Healthcare

**Signature** or thumb impression of the employed person