

FORM OF NOMINATION

(See Rule 12)

55034620

1. Name of the Employee **MR. ASHISH KUMAR MAURYA .**
(Name in block letters)
2. Sex **Male .** 3. Religion **Hindu .**
4. Father's Name **Kripa Shankar Maurya .**
5. Husband's Name (for married woman only).
6. Marital Status **Single** (whether married, unmarried, widow, widower).
7. Date of Birth : Day **25** Month **12** Year **1997 .**
8. Permanent Address **Kripa Shankar Maurya Saibaba Nagar, 90 Feet Road .**
Dharavi .
Village **Mumbai** Taluka / Sub-division .
Post Office **400017**
District **Mumbai** State **Maharashtra .**

I hereby nominate the person(s) mentioned below to receive the amount of gratuity in the event of my death before that amount become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names:

Name & Address Of Nominee or Nominees	Nominee's Relationship with employee	Age of Nominee	Proportion to be paid to each Nominee***
Kripa Shankar Maurya Room 301, 6/11, SaiBaba Nagar, 90 ft Rd, Dharavi, Mumbai-17	Father	46 Yrs.	50.00%
Kusum Lata Room 301, 6/11, SaiBaba Nagar, 90 ft Rd, Dharavi, Mumbai-17	Mother	48 Yrs.	50.00%

1. Certified that I have no family and should I acquire family hereafter, the above nomination should be deemed as cancelled.
2. * Certified that my father/mother/sister(s)/ minor brother(s) is/ are dependent upon me.
Dated this **Twentyseventh** day of **August** ' **2019** at .

Two witness to signature

1.

2. (Signature of Employee).

Certified that the above declaration has been signed by Shri/Smt.
before me after*** he/ she has read the entries / * the entries have been read over to him/ her by me.

Signature of the Employer/ Officer Authorised.

* Delete inapplicable words.

*** This column should be filled in so as to cover the whole of the amount of gratuity that may be payable in the event of his death.