Employee No.		١
	(Mandatory)	

## FORM 'F'

See sub-rule (1) of Rule 6

## **Nomination**

10	1			
Inf	osys Limited,			
No	.44, Electronics city,			
Но	sur Road,			
Ва	ngalore- 560 100			
I, S	Shri/Shrimati/Kumari< Name of the Employee >			
	(Name in full here)			
gra has	ose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the atuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount is become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be do in proportion indicated against the name(s) of the nominee(s).			
2.	I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) 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 theto 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.			

## Nominee(s)

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)
1.	< Name & address of the Nominee's >	<relationship></relationship>	<age></age>	< % of Share >
2.				
3.				

< Total % of share should be 100% >

## **Statement**

1.	Name of employee in full <a href="#">&lt; Employee Name &gt;</a>					
2.	Sex< <u>Employee Gender &gt;</u>					
3.	Religion < Employee Religion >					
4.	Whether unmarried/married/widow/widower< <u>Marital Status of Employee &gt;</u>					
5.	. Department/Branch/Section where employed < Leave this Blank >					
6.	Post held with Ticket No. or Serial No., if any < Employee No & Designation>					
7.	Date of appointment < Date of Joining IL >					
8.	Permanent address:	< Address of the Empl	oyee >			
	VillageThana		Sub-division			
	Post Office	District	State			
Pla	ace :< Mention Place>		<b>Employee Signature</b> > Signature/Thumb-impression of the Employee			
Da	te: < Mention Date>					
		Declaration	by Witnesses			
No	mination signed/thumb-	impressed before me				
Na	me in full and full addres	ss of witnesses.	Signature of Witnesses.			
1.			1			
2.						
	-	witness from their colleague	<u>25 &gt;</u>			
	ace:					
Da	te:					
			y the Employer			
	•	s of the above nomination have	e been verified and recorded in this establishment. Signature of the employer/Officer authorised Designation			
Da	te:		Infosys Limited,			
			No.44, Electronics city,			
			Hosur Road,			
			Bangalore- 560 100			
		Acknowledgeme	ent by the Employee			
Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.						
			< Employee Signature >			
Da	te:		Signature of the Employee			
Not	te.—Strike out the words/para	graphs not applicable.				