

FORM 'F'
[See sub-rule (1) of rule 6]
Nomination

To
Park Hyatt Hyderabad
Road No 2, banjara Hills,
Hyderabad - 500034

1. I, Sri/Srimathi/Kumari.....(Name in full here) whose particulars are given in the statement below, hereby nominate the persons mentioned below to receive the gratuity payable after my death as also gratuity standing 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 /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.

Nominee(s)

Name in full with full address of nominee(s)	Relation ship With the employee	Age of nominee	Proportion by which will be shared
(1)	(2)	(3)	(4)
1. 2. 3. 4. So on.			

Statement

1.	Name of employee 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:

Date:

Signature/Thumb impression of the employee

Declaration by Witnesses

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses.	Signature of witnesses
1.	1.
2.	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.

Name and address of the establishment
or rubber stamp thereof.

Date:

Acknowledgement by the Employee.

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

Date.

Signature of the employee.