

FORM 'F'

[See sub rule(1) of rule 6]

Nomination

To

[Give here name or description of the establishment with full address]

I, Arman Firoj Kavathekar, Shri/ Shrimati/ Kumari whose particulars are given in the statement below,

[Name in full here]

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 dependant on me.
(b) my husband's father/mother/parents is/are not dependant 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)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1. Firoj Yasin	Father	54	100%
2. Kavathekar			
3. Mahatpura, so on. Path,			

Phaltan
Dist-Satara

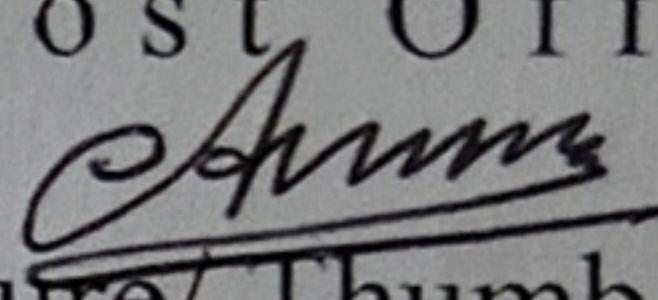
Statement

1. Name of employee in full Arman Firoj Kovathekar
2. Sex. Male
3. Religion. Muslim
4. Whether unmarried/ married/ widow/ widower. Unmarried
5. Department/ Branch / Section where employed. Western Union
6. Post held with Ticket or Serial No., if any.
7. Date of appointment. 1 August, 2023
8. Permanent address. Swami Samarth Nagar, Mahatpura Peth,
Phaltan Dist-Satara

Village ... Than a ... Sub-division ... Post Office...

Place Pune

Date 1 August, 2023


Signature/ Thumb impression
of the employee

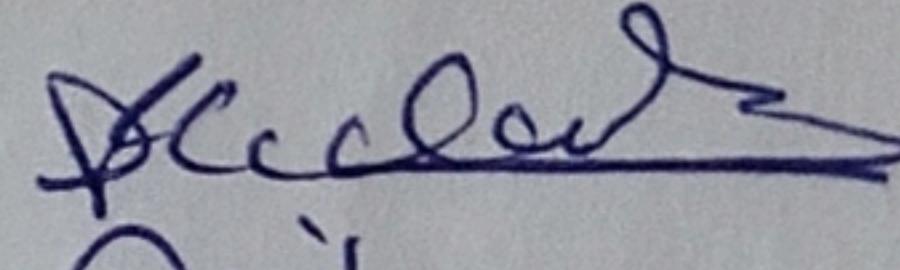
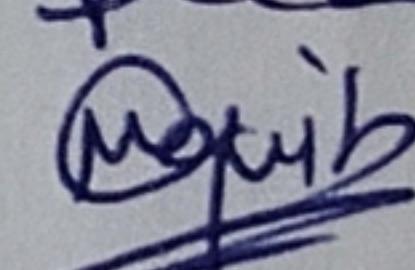
Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full

Signature of witnesses

1. Sarang Sandip Kedar
2. MOHAMMAD AQUIB

1. 
2. 

Place Pune

Date 5 August, 2023

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

Date

Name and address of the
Establishment or rubber stamp
thereof.

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