

The Karnataka Payment of Gratuity Rules, 1972
F O R M - 'F'

[See sub-Rule (1) of Rule 6]
Nomination

To

1. Shri / Shrimati / Kumari Subash Raj
(name in full here) whose particulars are given in the statement below, 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 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 the N/A 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	2	3	4
1. somone : somewhere	something	12	100.0
2.			
3.			
4.			

Statement

Name of employee in full:	Subash Raj
Sex:	Male
Religion:	Atheist
Whether unmarried/married/widow/widower:	Single
Department/Branch/Section where employed:	Bangalore
Post held with Ticket No. or Serial No. if any:	
Date of appointment:	08/06/2020
Permanent address:	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka 560045

Village
Post Office Arabic College Post Office

Thana
District Bangalore

Sub-Division
State Karnataka

Place:

Date: Signature/Thumb impression of the employee

Declaration by witnesses:

Nomination signed/thumb impressed before me:

Name in full and full address

Signature of witnesses: 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

Darshini Singh
Senior HR Generalist
Kongsberg Digital Software and Services Pvt. Ltd.,
No 139/26, "Solitaire", 1st Floor,
Amarjyothi Layout, Domlur,
Inner Ring Road, Bangalore – 560 071.

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

Note: Strike out the words / paragraphs not applicable
