

FORM I

[See sub-rule (1) of rule 3]

Nomination

To

I.....(name in full here) whose particulars are given in the statement below hereby nominate the person mentioned below to receive all amounts payable to me a wages if such amounts could not or cannot be paid on account of my death before the payment of an account of my whereabouts not being known.

2. I hereby certify that the person nominated by me is a member of my family within the meaning of Cl. (d) of Rule 2 of the Payment of Undisbursed Wages (Mines) Rules, 1989.

3. I hereby declare that I have no family within the meaning of Cl. (d) of Rule 2 of the said rules and should I acquire a family hereafter, the above nominations shall be void and in that event I shall make a fresh nomination in Form II.

4. (a) My father / mother / parents is / are not dependent upon me.

(b) My husband's father / mother / parents is / are not dependent on my husband.

Nominee

Name and address of the Nominee	Nominee's relationship with the employed person	Age of nominee
1	2	3
1		
2		

Statement

Name of the employed person in full	
Sex	
Religion	
Whether unmarried / married widow / widower	
Department / Branch / Section where Employed	
Post held with ticket number or serial Number if any	
Date of appointment	
Present address	
Permanent address	

Place.....

Date.....

Signature / thumb impression of the
employed person

Declaration by witnesses

Nomination signed / thumb-impression before me

Name in full and full address

1.

2.

Place:

Date:

Signature of witnesses

1.

2.

Certificate by the employer

Certificate that the particulars of the above nomination have been verified and recorded
in the register of nomination in Form IV at serial number.....

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.

Place.....

Date.....

Acknowledgement of the employed person

Received the duplicate copy of the nomination in Form I filled by me and duly certified
by the employer.

Place.....

Signature of the employed person

Date.....

Note: Strike out the words and paragraphs not applicable