

THE PAYMENT OF GRATUITY RULE, 1972.

FORM F

(See sub rule (1) of rule 6)

Nomination

To: Godigit General Insurance LTD

1. Shri/Shrimati/Kunari Anurag Omprakash Maurya
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 being 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/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 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 _____ to the controlling authority in terms of the provision to the clause(h) of section 2 of the said act.
6. Nomination made herein invalidates my previous nominations.

NOMINEE(S)

Sr No.	Name in full with address of the nominee(s) (1)	Relationship with the employee (2)	Age of the nominee (3)	Proportion by which the gratuity will be shared (4)
1.	<u>Omprakash Maurya</u>	<u>Father</u>	<u>49</u>	<u>100</u>
2.				
3.				
4.				

STATEMENT

1.	Religion	<u>Hindu</u>
2.	Sex	<u>Male</u>
3.	Name of Employee in full	<u>Anurag Omprakash Maurya</u>
4.	Whether unmarried / married / widow / widower	<u>Unmarried</u>

5.	Department/branch/section where employed		Technology	
6.	Post held with ticket or serial number if any		Graduate trainee eng.	
7.	Date of appointment		1-07-2024	
8.	Permanent Address R.No: 3, parcho seth chawl, Indira Nagar Sunderbarg Kamoni, Kurla (west), Mumbai			
	Village	Kurla	Thana	
	Post office		District	Mumbai suburban
			Sub division	
			State	Maharashtra

Place: Ahmedabad

Date: 04/07/24

Amey

Signature/thumb impression
of the employee.

DECLARATION BY WITNESS

Nomination signed/thumb impressed before me.
Name and full address of the witnesses.

1. Parthesh Raval
2.

Signature of the witnesses

1. Amey

2.

Place: Ahmedabad

Date: 04/07/24

CERTIFICATE BY THE EMPLOYER

Certify that the particulars of the above nomination have been verified and recorded in this establishment.
Employers reference No. If any:

Date :

Signature of the employer/ officer authorized.

Designation :

Name and address of the establishment or
rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of nomination in form "F" filed by me and duly certified by the employer:

Date : 04/07/24

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Signature of the employee:

Note: Strike out the words/paragraphs not applicable.