## FORM 'F' GRATUITY FUND FORM OF NOMINATION

	Name : DEEPAK RANJAN SAHOO	GOPINATH SAHU	SAHOO
1.	(IN BLOCK LETTERS) NAME	FATHER'S/ HUSBAND'S NAME	SURNAME
2.	Sex: Male / Female: Nale	3. Employee NoV7	8 4608
4.	Religion: Handu	5. Marital Status: Married/ Unm	arried/ Widow/Widower
5.	Date of Birth: Day Mont Permanent Address: AL-Mukfa	h_O5 Year_1992_A Prun, Po-Nithipun, Dist-Khu	ge <u>30</u> yrs. nda, Odisha, 752020
pei am	ereby nominate the person(s) / ca rson(s), mentioned below to receive ount becomes payable, or having ount shall be distributed among the	e the amount of Gratuity in the become payable, has not been	event of my death before t paid, and direct that the

Name & Address of the Nominee (s)	Nominee's relationship with the Employee	Age of Nominee	Amount of Share (in %) of Gratuity to be paid to each nominee.
1	2	3	4
Sounya Priyadansini	Spouce	29	50%
Goperath Sahu	Father	53	50%

- \* Certified that I have no family and should I acquire a family hereafter, the above nominations should be deemed as cancelled.
- 2. \* Certified that my father/ mother /sister(s) / minor brother(s) is / are dependent upon me.

* Strike out which is not applicable.	
Dated this Tuesday day of Manch 200 21 at _	Banglore
Two Witnesses to Signature:	
1	
2. Crocker	

X Signature of Employee

## CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed by Shri / Smt / Miss employed in my establishment after he / she has			
read the entries/ or the entries have been read over to him/ her by me and got confirmed by him/ her			
	For		
Place :	TRUSTEE		
Date :			

## ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of Nomination Form filed by me and duly certified by the Employer.

Place: Banglose

Date: 03/02/2021

X Signature of Employee