

Payment of Gratuity (Central) Rules FORM 'F'

See sub-rule (1) of Rule

Nomination

(Give here name or description of the establishment with full address)

Tech Mahindra Limited.

I, **Mr Dharamveer Singh**

(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).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (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.
- 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.
- 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	Sheela Devi	Mother	48	100

Statement

1. Name of employee in full Dharamveer Singh
2. Sex Male
3. Religion Hindu
4. Whether unmarried/married/widow/widower Single
5. Department/Branch/Section where employed CAMPUS
6. post held with Ticket No. or Serial No., if any Associate Software Engineer - 844555
7. Date of appointment 30-Mar-22
8. Permanent address: K 67/88 G Ishwargangi Varanasi

Village _____ Thana _____ Sub-division _____

Post Office 221001 District _____ State UP

Place: NOIDA

Date: 30-Mar-22 Updated in PACE HR by **Dharamveer Singh** on **09-Dec-2022**
12:38:35 PM

Signature/Thumb Impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of witnesses

1. _____

2. _____

1. _____
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 _____
authorized

Signature of the employer/Officer

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.

Digitally signed by **Dharamveer Singh** on **09-Dec-2022 12:38:35 PM**

Date: **09-Dec-22** _____

Signature of the Employee

Note:- Strike out the words/paragraphs not applicable.