

Employee / BRID ID: **UNDER THE PAYMENT OF GRATUITY, ACT. 1972.****FORM 'F'**
(See Sub-rule (1) of rule 6)
Nomination

1. I, _____, 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 person(s) mentioned is/are member(s) of my family within the meaning of clause (h) of section 2 of the payment of Gratuity ac, 1972.
3. I hereby declare that I have one family within the meaning 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 to the controlling authority in terms of the provision to the clause(s) of section 2 of the said Act, (copy of my letter enclosed if any)

Nomination made herein invalidates my pervious nomination.

Statement				
Name				
Name of the Nominee	Address Of the Nominee	DOB	Relationship	Total % of Share to be paid
Gender				
Name of the Employer				
Marital Status				

Department	Process	Division	Location
Designation			
Date Of Joining			
Permanent Address			
District		Pin Code	
State			

Place:

Date:

Signature / Thumb Impression of the Employee

Declaration by witnesses	
Nomination signed/thumb impressed before me.	
Name in full address of witnesses	Signature of witnesses
1. _____	1. _____
2. _____	2. _____
Place _____	
Certificate by the Employer	
Certify that the particulars of the above nomination have been verified and recorded in this establishment.	
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' filled by me and duly certified by the employer.	
Date : _____	Signature / Thumb Impression of the Employee

(Note: Strike out words / paragraph no applicable)

