

**FORM "F"**

Emp.Code No. 51755428

(See sub-rule(1) of Rule6)

**NOMINATION****M/s.HCL Technologies Limited  
A-11, Sector-16  
Noida - 201301**

1. Mr/Ms. Harish Gumudavelly (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).
2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of Section(s) 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 the said Act.
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.
5. I have excluded my husband from my family by a notice dated the \_\_\_\_\_ to the controlling authority in terms of the provision to clause (h) of section 2 of the Said Act.
6. Nomination made herein invalidates my previous nomination.

**NOMINEE(S)**

S.No	Name of Nominee (s)	Address of the Nominee	Nominee's relationship with the Employee	Age of Nominee	Proportion by which the Gratuity will be shared
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**STATEMENT**

Name of the employee in Full	Harish Gumudavelly
Sex	Male
Religion	_____
Whether Unmarried/Married/Widow/Widower	Marr.
Department/Branch/Section where employed	Chennai
Post Held with Emp. Code No., if any	TECHNICAL LEAD
Date of Appointment	06-Apr-2018
Permanent Address of the employee	<u>Plot No-51, Mahalaxmi Castle, Flat No-101</u>

Place \_\_\_\_\_

Date 04-Mar-2021

Signature or thumb impression of the Employee

**DECLARATION BY WITNESSES**

Nomination signed/thumb - impressed before me  
Name in full and full addresses of witnessess

1. \_\_\_\_\_

Place \_\_\_\_\_

2. \_\_\_\_\_

Date \_\_\_\_\_

Signature of witnessess:

1. \_\_\_\_\_

2. \_\_\_\_\_

**CERTIFICATE BY THE EMPLOYER**

Certified that the particulars of the above nomination have been verified and recored in this establishment.  
Employer's Reference No. If any.

Signature of the employer or other  
Authorised Officers of the Establishment

Designation: \_\_\_\_\_

Dated the: \_\_\_\_\_

Name and Address of the  
Factory/Establishment or Rubber Stamp Thereof