

The Payment of Gratuity (Central) Rules 1972

FORM 'F'

VOLVO INDIA PRIVATE LIMITED

(See Sub-rule (1) of Rule 6) Nomination

To

1. MANOJ KUMAR M 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 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 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 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 proviso to clause (h) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nomination

Sl. No.	Name in full with address of nominee (s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1.	MUTHUSAMY P	FATHER	54	50%
2.	GOWSALYA M	MOTHER	49	50%
3.				
4.				

Note: Strike out the works/paragraphs not applicable

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STATEMENT

1.	Name of the employee in full	MANOJ KUMAR M
2.	Sex	MALE
3.	Religion	HINDU
4.	Whether unmarried/married/widow/widower	UNMARRIED
5.	Department/Branch/section where employed	
6.	Post held with Ticket or Serial No. If any	
7.	Date of appointment	23/07/2024
8.	Permanent Address	64A, KUDI STREET, KOTTAPALLAI, TIRUCHENGODE, NAMAKKAL, TAMILNADU 637214.

Village

Thana

Sub Division

P.O

District

State

Place:

Date:

Signature /Thumb-impression
Of the employee

DECLARATION BY WITNESS

Nomination signed/thumb-impressed before me.

Signature of witness

1. MUTHUSAMY P

1.

2. GOWSALYA M

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

Date:

Signature of the employer / Officer

Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer

Date:

Signature of the employee

Note: Strike out the works/paragraphs not applicable