## FORM 'F' (Filled with dummy sample data)

See sub-rule (1) of Rule 6

## **Nomination**

To,	,	Name of the MMC business you are		
(Gi	ve here name or description of the establishment with full address	joining (as per offer letter) -		
	Your Full Name As Pe	r Aadhar		
I, S	Shri/Shrimati/KumariShivani Vishal Dutt			
	(Nam	e in full here)		
gra bed	ose particulars are given in the statement below, hereby nominate the properties of the gratuity standing to my companyable, or having become payable has not been paid and exportion indicated against the name(s) of the nominee(s).	redit in the event of my death before that amount has		
2.	I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) o Section 2 of the Payment of Gratuity Act, 1972.			
3.	I hereby declare that I have no family within the meaning of claus	se (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. Only for separated colleagues		
5.	I have excluded my husband from my family by a notice dated the the controlling authority in terms of the proviso to clause (h) of Se			

## Nominee(s)

6. Nomination made herein invalidates my previous nomination.

Far	Name in full with full address of nominee(s) mily members to be nominated	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
	(1)	(2)	(3)	(4)
1.	Vishal Dutt	Husband	40	50%
2.	Seema Adhikari	Mother	66	50%
3.				
So				
on.				

Statement

1.	Name of employee in full	Shivani \	/ishal Dutt	Your Full N	Name As Per A	adhar	
2.	Sex Female Male/Female/Transgender/Undisclosed						
3.	Religion_	Mention	religion				
4.	Whether unmarried/married/widow/widower  Married Mention as appropriate						
5.	Department/Branch/Section where employed Mumbai office city						
6.	Post held with Ticket No. or Se	erial No., if any	Keep this b	lank			
7.	Date of appointment	20-Mar-2023	Your date of j	oining MMC	;		
8.	Permanent address: Address as per Aadhar card						
	Village	Thana			Sub-division		
	Post Office 123456	District	<u>Mumbai</u>		State	Mahara	sthra
Pla	Mumbai ce:	Your city			~		$\overline{}$
						umb-imp	pression of the
Dat	20/03/2023	Date (The date when you sign			Employee Signature (7	he siar	nature will be
Du.		DocuSign in W					ocuSign in Workda
Name in full and full address of witnesses.  Piyush Adhikari C/12-Room 13, XYZ Colony, Mumbai 123456  Abhishek Awasthi D/12-Flat No 13, XYZ Colony, Mumbai 123456  In order to complete this step you will need to download and print your completed form and ask your witness to sign and date. You can then upload copies back in to the Workday task.  Place:  Mumbai  Date(The date when both witnesses provided their signatures)							
Certificate by the Employer  Section from hereon will be filled by employer  Certified that the particulars of the above nomination have been verified and recorded in this establishment.  Employer's Reference No., if any							
Dat	·	stamp thereof.		Name a	and address of th	ne estab	lishment or
							-

## Acknowledgement by the Employee

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

		Keep this blank
Date:	Keep this blank	Cignoture of the Employee
Date		Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.