FORM 'F'

Employee No. 1197046 mandatory

See sub-rule (1) of Rule 6

Nomination

No	.44, Electronics city,
Но	sur Road,
Ва	ngalore- 560 100
۱, ۶	Shri/Shrimati/KumariNEERAJ MAURYA
	(Name in full here)
	ose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the atuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount
	s become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be id in proportion indicated against the name(s) of the nominee(s).
2.	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.
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.

To,

Infosys Limited,

- (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 <u>(leave it blank)</u> 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.

Nominee(s)

Name in full with full address of nominee(s) (1)		Relationship with the employee (2)	Age of nominee	Proportion by which the gratuity will be shared (4)
2.	SHAIL DEVI	MOTHER	43	50%
3.				

< Total % of share should be 100% >

Statement

1.	Name of employee in full NEERAJ MAURYA						
2.							
3.	ReligionHINDU						
4.	Whether unmarried/married/widow/widowerUNI						
5.	Department/Branch/Section where employed <u>< Le</u>	ave this Blank >					
6.	Post held with Ticket No. or Serial No., if any_ <u>< Leave thi</u>	s Blank >					
7.	Date of appointment 06 /12/2021(06 DEC 2021)						
8.	Permanent address: CHHITTUPUR BHU VARANA	SI NEAR MAURYA LADGE					
	Village CHHITTUPUR Thana LANKA	Sub-division					
	Post Office Banaras Hindu University (BHU) pincod	e :- 221005 District VARANAS State UP					
Pla	ace: <mark>B</mark> angalore	Neevas Maury 7					
Da	ate: <mark>06</mark> Dec 2021	Employee sign/scanned signature					
		Signature/Thumb-impression of the Employee					
	Declaration by V						
No	Declaration by Vomination signed/thumb-impressed before me						
	•						
	omination signed/thumb-impressed before me arme in full and full address of witnesses.	Vitnesses Signature of Witnesses.					
Na	omination signed/thumb-impressed before me ame in full and full address of witnesses.	Vitnesses Signature of Witnesses.					
Na 1. 2.	omination signed/thumb-impressed before me ame in full and full address of witnesses.	Vitnesses Signature of Witnesses. 1. (not mandatory)					
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Na 1. 2.	omination signed/thumb-impressed before me ame in full and full address of witnesses. Badal Maurya , Chhittupur (BHU) varanasi	Vitnesses Signature of Witnesses. 1. (not mandatory) 2.					
Na 1. 2. Pla Da	omination signed/thumb-impressed before me ame in full and full address of witnesses. Badal Maurya , Chhittupur (BHU) varanasi ace: ate:	Vitnesses Signature of Witnesses. 1. (not mandatory) 2. to be filled by employee)					
Na 1. 2. Pla Da Ce Em	omination signed/thumb-impressed before me ame in full and full address of witnesses. Badal Maurya , Chhittupur (BHU) varanasi ace: ate: Certificate by the Employer(not entified that the particulars of the above nomination have been	Signature of Witnesses. 1. (not mandatory) 2. to be filled by employee) verified and recorded in this establishment. Signature of the employer/Officer authorised					
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Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.					
		(employee sign not mandatory here			
Date:	•	Signature of the Employee			

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