

## Confidential

FORM - F  
(See Sub-Rule (1) of Rule 6)

## NOMINATION

I Shri/Smt./Kumari Mousumi Ara Ahmed 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 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.

## Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
<u>Moneowara Khatun</u> <u>Barpeta, Assam</u> <u>Pin: 781305</u>	<u>Mother</u>	<u>56</u>	

## Statement

1. Name of employee in full : Mousumi Ara Ahmed
2. Sex : Female
3. Religion : Muslim
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 :
8. Permanent address :

Village Goreomari Thana Sarthabari Sub-division                     

Post office Pachim Nazim District Barpeta State Assam

Place : Assam

Date : 31/08/21

Mousumi Ara Ahmed  
Signature / Thumb-impression  
of the employee:

Confidential

Declaration by witnesses

Fresh nomination signed / thumb-impressed before me.

Name in full and full  
Address of witnesses

Signature of witnesses

1. NA  
2. NA

1. NA  
2. NA

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:

*Mousumi Area Ahmed*  
Signature of the employer / officer  
Authorised designation

**Authorised Signatory**  
Name & Address of the establishment /  
Rubber-stamp thereof

Acknowledgment by the employee

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

Date: 34/08/21

*Mousumi Area Ahmed*  
Signature of the employee

Note: Strike out the words/paragraphs not applicable.