

THE PAYMENT OF GRATUITY RULE, 1972.

FORM F

(See sub rule (1) of rule 6)

Nomination

To: FCM Travel

- Shri/Shrimati/Kumari NAVIN MAURYA
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 being paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).
- I hereby certify that the person(s) mentioned is/are member(s) of my family within the meaning of clause(h) of section 2 of the Payment of Gratuity act, 1972.
- I hereby declare that I have no family within the meaning of clause(h) of section 2 of of the said act.
- (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.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the provision to the clause(h) of section 2 of the said act.
- Nomination made herein invalidates my previous nominations.

NOMINEE(S)

Sr No.	Name in full with address of the nominee(s) (1)	Relationship with the employee (2)	Age of the nominee (3)	Proportion by which the gratuity will be shared (4)
1.	Surendra Maurya	Father	54 years	100%
2.				
3.				
4.				

STATEMENT

1.	Religion	Hindu
2.	Sex	Male
3.	Name of Employee in full	Navin Maurya
	Whether unmarried / married / widow / widower	Unmarried

5.	Department/branch/section where employed		
6.	Post held with ticket or serial number if any		
7.	Date of appointment	28-May-2025	
8.	Permanent Address	Bhiti handia prayagraj, Ramnathi road (Tarapar)	
	Village	Thana	Sub division
	Post office	District	State
	BHITI	HANDIA	HANDIA
	BARUT	PRAYAGRAJ	UTTAR PRADESH

Place: Noida

Date: 04-05-2025

Signature/thumb impression
of the employee.

DECLARATION BY WITNESS

Nomination signed/thumb impressed before me.
Name and full address of the witnesses.

1. Jivendra kumar Bhiti, Handia, Prayagraj-201502

2. Neeraj Yadav Helapur, Kangapur, Hamapur

Place: NOIDA

Date: 04-05-2025

Signature of the witnesses

1. [Signature]

2. [Signature]

CERTIFICATE BY THE EMPLOYER

Certify that the particulars of the above nomination have been verified and recorded in this establishment.
Employers reference No. If any:

Signature of the employer/ officer authorized.

Date : _____

Designation :

Name and address of the establishment or
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 04-05-2025

Signature of the employee:

Note: Strike out the words/paragraphs not applicable.