## THE PAYMENT OF GRATUITY RULE, 1972.

## FORM F

(See sub rule (1) of rule 6)

Nomination

To:

4.

Whether unmarried / married / widow / widower

1. Shri/Shrimati/Kumari 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 2. 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 3. (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 5. 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) Name in full with address Relationship Age of the Proportion by nominee which the gratuity of the nominee(s) with the Sr No. will be shared employee (4) (1)(2)(3)1. 2. 3. **STATEMENT** 1. Religion 2. Sex 3. Name of Employee in full

5. Department/branch/section where employed 6. Post held with ticket or serial number if any 7. Date of appointment 8. Permanent Address  Village Thana Sub division  State  Place:					
Permanent Address  Village Thana Sub division Post office District State  Place: Signature/Ihumb impression of the employee.  DECLARATION BY WITNESS  Nomination signed/thumb impressed before me. Name and full address of the witnesses.  1. 2. Signature of the witnesses. 1. 2. 2. Place: Date: Date: Date: Signature of the witnesses of the employers reference No. If any:  Signature of the employer officer authorized.  Designation: Name and address of the establishment or rubber stamp therof  ACKNOWLEDGMENT BY THE EMPLOYEE  Received the duplicate copy of nomination in form "F" filed by me and duty certified by the employer:  Signature of the employee:	5.	Department/branch/section where employed			
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	Date	):		Signature of the employee:	
			not applicable.		