

## THE PAYMENT OF GRATUITY RULE, 1972.

### FORM F

(See sub rule (1) of rule 6)

#### Nomination

To:

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).
2. 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.
3. I hereby declare that I have no family within the meaning of clause(h) of section 2 of 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 provision to the clause(h) of section 2 of the said act.
6. 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.				
2.				
3.				
4.				

#### STATEMENT

1.	Religion	
2.	Sex	
3.	Name of Employee in full	
4.	Whether unmarried / married / widow / widower	

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
	Post office	District	State

Place:\_\_\_\_\_

Date:\_\_\_\_\_

Signature/thumb impression  
of the employee.

#### DECLARATION BY WITNESS

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

1.

2.

Place:\_\_\_\_\_

Date:\_\_\_\_\_

Signature of the witnesses

1.

2.

#### 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:

Date :

Signature of the employer/ officer authorized.

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 :\_\_\_\_\_

Signature of the employee:

Note: Strike out the words/paragraphs not applicable.