

FORM F

(See Sub-Rule (1) of Rule(7))

Payment of Gratuity

(SEE SUB-RULE (1) OF RULE 6)

NOMINATIONTo INTERGLOBE AVIATION LTD.

(Give here name or description of the establishment with full address*)

1. Shri/Smt/Kumari Ratla Venkatesh

(Name in full here*)

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/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.

(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.

Nominees(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*
1	ratla mamja turpu thanda timmapuram damarcharla mandal	Father	63	100
2				
3				
4				

as on *

Statement

1 Name of Employee (in full)* Ratla Venkatesh
2 Sex* Male
3 Religion* Hindu
4 Whether unmarried/married/widow/widower* Unmarried
5 Department/Branch/Section where employed* Airport Operations & Customer Services

6 Post held with Ticket or Serial No., If any Officer - AO&CS
7 Date of appointment*
8 Permanent address* turpu thanda timmapuram damarcharla mandal nalgonda district 508209

Village turpu thanda timmapuram Thana damarcharla mandal Sub-division miryalaguda city
Post Office kallapelli post office District Nalgonda State Telangana Pin 508209

Place* HYD
Date*

Electronically signed by:
Rathla Venkatesh
Signature/Thumb impression
of the employee *

Declaration by witness

Nomination signed/thumb impressed before me

Name in full and full address of witness

1
2

Signature of witness

Place HYD
Date

Certified 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.

Signature of the employer / officer authorised designation

Date

Name and address of the establishment or rubber stamp thereof

Acknowledgement by the employee

Received the duplicate of nomination in Form 'F' filled by me and duly certified by the employer.

Date*

Signature of the employee*

Electronically signed by:
Rathla Venkatesh

Note :- Strike out the words/paragraph not applicable.