**Payment of Gratuity (Central) Rules FORM 'F'**

See sub-rule (1) of Rule 6

**Nomination**

To,

(Give here name or description of the establishment )

I, 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 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.

**Nominee(s)**

**Name in full with full :Shaik.Ramija Begum**

**address of nominee(s)**

**Relationship with**

**the employee**

**Age of :42**

**Age of**

**nominee**

**nominee**

**Proportion by which**

**Proportion by which**

**Proportion by which**

**the gratuity will be**

**the gratuity will be**

**the gratuity will be**

**shared**

**(1) (2) (3) (4)**

1. 2. 3. So on.

**Statement**

1. Name of employee in full :Niruganti.Shaikshavali

2. Sex :M

3. Religion:Islam

4. Whether unmarried/married/widow/widower :unmarried

5. Department/Branch/Section where employed :Software Engineer

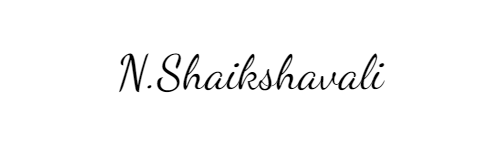
6. Post held with Ticket No. or Serial No., if any

7. Date of appointment :03-10-2024

8. Permanent address:

Village Thana Sub-division :Sanjeeva Reddy Nagar 8th ward 1st line ,Giddalur 523357

Post Office District State :Giddalur

Place: Giddalur

Signature/Thumb-impression of the Employee Date:

**Declaration by Witnesses**

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses. Signature of Witnesses.

1. 1.Shaik. Mujeeb

2. 2. G.Manikanta

Place: Giddalur

Date: 03-10-2024

**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 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 copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date: 03-10-2024 & N.Shaikshavali

**Note.—**Strike out the words/paragraphs not applicable.