

FORM 'F'
NOMINATION
Under
PAYMENT OF GRATUITY ACT, 1972
[See sub-rule (1) of rule 6]

To

Bellfast Management Private Limited
No.4809, 8th Floor, Highpoint-IV, Palace Rd, Highpoint-IV, Bengaluru, Karnataka 560001.

I. Shri/Shrimati/Kumari PARSHURAM TUKARAM RATHOD whose particulars are given in the statement below, [Name in full here] 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 a/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 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 address & nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)
Tukaram Shankar Rathod 13, Panchavati Nagar Near SRPF camp vijapur road solapur	Father	10-Jul-1962	Father

E-Sign by: Mr. Parshuram Tukaram R
Sign on : 20-Dec-22 07:25 PM
Ip address: 152.57.198.150
Location: Gat 1276/39, Chokhi Dhani, Maharashtra 412207, India
lat,lng: 18.5501013,73.968712

Statement

1 Name of employee in full :- PARSHURAM TUKARAM RATHOD
2 Sex. :- Male
3 Religion. :-
4 Whether unmarried/married/widow/widower :- Single
5 Department/Branch/Section where employed :-
6 Post held with Ticket or Serial No., if any. :- FIELD SERVICE ENGINEER
7 Date of appointment. :- 10-Jan-2023
8 Permanent address :- 13, Panchavati Nagar near SRPF camp vijapur road
solapur. Maharashtra Solapur 413008

Place :

Date :

Signature/Thumb impression of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full

Address of witnesses.

Signature of witnesses.

Place

Date

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.

Date:

Signature of the employer/officer authorized

Designation:

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:

Signature of the employee

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