

FORM OF NOMINATION  
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EMPLOYEES' GROUP GRATUITY FUND  
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1. Name: PRATI KSHA (Name of Fund) SATYENDRA MISHRA  
(IN BLOCK LETTERS) FATHER'S/ HUSBAND'S NAME SURNAME

2. Sex: Male / Female Female 3. Emp. No 30300137385

4. Religion Hindu

5. Marital Status Unmarried (Unmarried, Married, Widow or Widower)

6. Date of birth: Day 25 Month 12 Year 1995 Age 26 Yrs         

7. Permanent Address: Qno 7B, Street -16 Sector- 7 Bhilai , Durg , Chhattisgarh 490006

I hereby nominate the person(s): cancel the nominations made by me previously and nominate the person (s) mentioned below to receive the Amount of Gratuity in the event of my death before that amount becomes payable, or having become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names:

Name and Address of nominee or nominees (1)	Nominee's relationship with the employee (2)	Age of Nominees (3)	Amount of Gratuity to be paid in each Nominee (4)
Satyendra Mishra	Father	49	50%
Sadhna Mishra	Mother	49	50%

- \*1. Certified that I have no family as defined in Section 2 (h) of the Payment of Gratuity Act, 1972 and should I acquire a family hereafter, the above nominations should be deemed as cancelled.
- \*2. Certified that my father/mother/sister(s)/minor brother(s) is/are dependent upon me.
- \*3. I have excluded my husband from my family by a notice dated          to the controlling authority in terms of the Proviso to Section 2(h) of the Payment of Gratuity Act, 1972

Dated this          day of          200          at         

Two Witnesses to signature:

1.         

2.         

x pratiksha  
Signature of employee

Certified that the above nomination has been signed by Shri/Smt Pratiksha Mishra and the same have been verified and recorded in this establishment.

Date 02/02/2022

For         

Signature of the Employer

\*Delete the inapplicable words.

\*This column should be filled in so as to cover the whole of the amount of Gratuity that may be payable in the event of his death.

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**ACKNOWLEDGEMENT BY THE EMPLOYEE**

Received the duplicate copy of nomination form filled by me & duly certified by the employer

DATE 02/02/2022

pratiksha

Signature of the employee