

FORM –‘F’**EMPLOYEE CODE:****PAYMENT OF GRATUITY ACT.
[SEE RULE NO 33(1) of Rules]
NOMINATION****TATA COMMUNICATIONS EMPLOYEES' GRATUITY FUND TRUST**

I Shri/Shrimati.....
[Name in full here]

1. Hereby nominate the below-mentioned person(s) to receive the Gratuity Fund payable after my death as also the gratuity standing to my credit in the event of my death before the amount has become payable are having become payable has not been paid and direct that the said amount of Gratuity shall be paid in the 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 meaning of Explanation 1 to Rule 33 of the Gratuity Trust's Rules and Regulations.
3. I hereby declare that I have no family within the meaning of Explanation 1 to Rule 33 Of the Gratuity Trust's Rules and Regulations.
4. (a) My father/mother is/are not dependent on me.
(b) My husband's father/mother is/are not dependent on my husband.
5. I have excluded my husband from the family by a notice dated_____ to The Secretary of the Gratuity Trust in terms of provision to Explanation 1(ii) to Rule 33 of Gratuity Trust's Rules and Regulations.
6. Nomination made herein invalidates my previous nomination.

NOMINEE'S

Name in full with full address of nominee(s) (1)	Relationship with the employee (2)	Age of nominee (3)	Proportion by which the gratuity will be shared (4)

STATEMENT

1. Name of the employee in full.....
2. Sex.....
3. Religion.....
4. Whether unmarried/married/widow/widower.....
5. Department and Location where employed.....
6. Post heldEmployee No.....
7. Date of appointment.....
8. Permanent address.....
Village.....Thana.....Sub Division.....
Post Office.....District.....State.....
Tele No:..... Mob No:.....
E-mail id:.....

Place-

Signature/Thumb Impression
of the employee

Date.....

Declaration by witnesses

Nomination signed/Thumb impressed before me

Name in full and full address of witnesses.

Place:

Date.....

Signature of witnesses

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment

Employee No. of the certifier

Name & Signature of the employer/Officer authorized

Date.....

Important Note: All fields in the form are mandatory. No cell should be left blank. Please ensure that this form should be sent to PF Section.

Nomination guidelines:

Who can be nominated:

In case of Male Member:- His wife, his children, his dependent parents, his deceased son's widow and her children.

In case of Female Member:- Her husband, her children, her dependent parents, her husband's dependent parents, her deceased son's widow and her children.

Who cannot be nominated: Who is not a member of the family. Brother is not a member of family.

In case he/she has no family: He/she can nominate any one. If member subsequently acquires family, such nomination forthwith becomes invalid and member should make a fresh nomination in favour of his/her family members.

Acknowledgment by the employee

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

Date.....

Note: Strike out words/paragraph not applicable

Signature of the employee