UNDER THE PAYMENT OF THE GRATUITY ACT 1972. & THE PAYMENT OF GRATUITY (MAHARASHTRA) RULE, 1972. FORM "F"

(See sub rule (I) of rule 6)

Nomination

To: M/s.

whose p receive t death be	ri/ Shrimati/ Kumari_ particulars are given in the statem the gratuity payable after my dea efore that amount has become at, the said amount of gratuity st e(s).	ath as also the gra payable, or havin	tuity standing to my ag become payable	credit in the event of my has not being paid and
	earby classify that the person(s) e(h) of section 2 of the payment G			mily within the meaning
3. The	earby declare that I have one fam	nily within the mea	ning of clause(h) of s	section 2 of the said act.
	My Father/ mother/ Parents /are My husbands Father/ mother/ Pa			and.
	ave excluded my husband from r y in terms of the provision to the c			to the controlling
•	mination made herein invalidate	· ,		
		NOMINEE(S	3)	
Sr No.	Name in full with address of the nominee(s) (1)	Relationship with the employee (2)	Age of the nominee	Proportion by which the gratuity will be shared (4)
1.				
2.				
3.				
4.				
		STATEMEN	 T	
1.	Religion			
2.	Sex			
3.	Name of employee in full			
4.	Whether unmarried/married/wide	ower.		

	Department/branch/section wh	nere employed	
6.	Post held with ticket or serial n		
7.	Date of appointment	lames in any	
8.	Permanent Address		
	Village	Thana	Sub division
	Post office	District	State
	:		Signature/thumb impression of the employee.
	DE	ECLARATION BY WITNE	SS
	nation signed/thumb impressed be and full address of the witnesse		Cinnah, wa of the witnesses
1.		Signature of the witnesses 1.	
2.			
Place	:		
	· · · · · · · · · · · · · · · · · · ·		
	;		
	:	TIFICATE BY THE EMPL	OYER
Date	:		
Date	:CERT	e nomination have been v	erified and recorded in this establishme
Date	:CERT	e nomination have been v	erified and recorded in this establishme
Date	:CERT	e nomination have been v Signa Designa	erified and recorded in this establishme
Date	:CERT	e nomination have been v Signa Designa	erified and recorded in this establishme ature of the employer/ officer authorized gnation : e and address of the establishment or rubber stamp therof
Certif	:CERT	Signation have been volume been volume. Signature been volume. Name volume. VLEDGMENT BY THE EN	erified and recorded in this establishme ature of the employer/ officer authorized gnation : e and address of the establishment or rubber stamp therof
Certif	centry that the particulars of the above oyers reference No. If any: ACKNOV	Signation have been volume been volume. Signature been volume. Name volume. VLEDGMENT BY THE EN	erified and recorded in this establishme ature of the employer/ officer authorized gnation : e and address of the establishment or rubber stamp therof