**FORM ‘F’**

[See su b-rule(1) of rule 6]

# Nomination

To……………………………………………………………………………………………………

[Give here name or description of the establishment with full address]

I, Shri Thakur Rahul Premchandra…………………whose particu lars are given in the statement below,

[Name in full here]

hereby nominate the person(s) mentioned below to receive the gratu ity payable after my death as also the gratuity standing to my credit in the event of my death before that amou nt 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).

1. I hereby certify that the person(s) mentioned is a/ are member(s) of my family within the meaning of clau se (h) of section (2) of the Payment of Gratuity Act, 1972.

1. I hereby declare that I have no family within the meaning of clau se (h) of section (2) of the said Act.

1. (a) My father/ mother/ parents is / are not dependant on me.

(b) my hu sband’s father/ mother/ parents is/ are not dependant on my hu sband.

1. I have excluded my hu sband from my family by a notice date the …… to the controlling au thority in terms of the proviso to clause (h) of section 2 of the said Act.

1. Nomination made herein invalidates my previous nomination.

# Nominee(S)

|  |  |  |  |
| --- | --- | --- | --- |
| Name in fu ll with fu ll address of nominee(s) | Relationship with the employee | Age of nominee | Proportion by which the gratu ity will be shared |
| 1. Thakur Premchandra Rn22, Ram nagar poisar Kandivali(east) | Father | 55 | 50% |
| 2. Thakur Sugandhi | Mother | 54 | 50% |
| 3. |  |  |  |
| so on. |  |  |  |

# Statement

1. Name of employee in fu ll  **Thakur Rahul Premchandra**
2. Sex.  **Male**
3. Religion.  **Hindu**
4. Whether **unmarried**/ married/ widow/ widower.
5. Department/ Branch/ Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment. 17-11-2021 8. Permanent address.  **Rn22,Ram nagar chal near gaondevi road poisar kandiavli(east)**

Village… …Kandivali … … … … ..Thana… … …Kandivali … … … … .Su b-division… … … … … … Post Office… Kandivali

Place Mumbai Signatu re/ Thu mb impression

Date 17-11-2021 of the employee

## Declaration by w itnesses

Nomination signed/ thu mb impressed before me.

Name in fu ll and full Signatu re of witnesses

1. 1.
2. 2.

Place Date

## Certificate by the employer

Certified that the particu lars of the above nomination have been verified and recorded in this establishment.

Employer’s Reference No., if any

Signatu re of the employer/

Officer au thorized

Designation

Date Name and address of the Establishment or ru bber stamp thereof.

## Acknow ledgement by the employee

Received the duplicate copy of nomination in Form ‘F’ filed by me and duly certified by the employer.

Date Signatu re of the employee