

# Payment of Gratuity (Central) Rules

## FORM 'F'

See sub-rule (1) of Rule 6

### Nomination

To,

(Give here name or description of the establishment with full address)

FIS GLOBAL INDIA PRIVATE LIMITED  
I, Shri/Shrimati/Kumari GALREDDY GARI SATISH REDDY  
(Name in full here)

whose particulars are given in the statement below, 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).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (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.
- 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.
- Nomination made herein invalidates my previous nomination.

### Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	G. KALPANA	WIFE	27	100%
2.				
3.				
So on.				

### Statement

1. Name of employee in full GALREDDYGARI SATISH REDDY
2. Sex MALE
3. Religion HINDU
4. Whether unmarried/married/widow/widower MARRIED
5. Department/Branch/Section where employed IT CAPTIVE APP SERVICES
6. Post held with Ticket No. or Serial No., if any \_\_\_\_\_
7. Date of appointment 23/03 23/03/2020
8. Permanent address: 5-206/2/2  
Village Gundlapochampalli Thana \_\_\_\_\_ Sub-division \_\_\_\_\_  
Post Office 500100 District Rangareddy State Telangana

Place: HYDERABAD

Satish  
Signature/Thumb-impression of the  
Employee

Date: 10/15/2020

### Declaration by Witnesses

Nomination signed/thumb-impressed before me  
Name in full and full address of witnesses.

Yeshwanth  
Signature of Witnesses.

1. G. Yeshwanth reddy
2. G. Kalpana

Kalpana

Place: Hyderabad

Date: 10/15/2020

### 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 \_\_\_\_\_ Signature of the employer/Officer authorised  
Designation \_\_\_\_\_

Date: \_\_\_\_\_

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: 10/15/2020

Sabish  
Signature of the Employee

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Note.—Strike out the words/paragraphs not applicable.