

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)

Hitachi Vantara, Suyog Platinum Tower,

7th Floor, Office No.19 – PUNE, INDIA 411006

I, Shri/Shrimati/Kumari Sham Gopinath More

(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).

2. 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.

3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4 (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.

5. 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.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

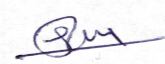
Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	Gopinath Narayanrao More	Father	45	40%
2.	Savita Gopinath More	Mother	42	40%
3.	Ganesh Gopinath More	Brother	25	20%
So on.				

Statement

1. Name of employee in full Sham Gopinath More
2. Sex Male
3. Religion Hindu
4. Whether unmarried/married/widow/widower Unmarried
5. Department/Branch/Section where employed Storage Engineering
6. Post held with Ticket No. or Serial No., if any _____
7. Date of appointment 21/02/2024
8. Permanent address:
Village Parbhani Thana Parbhani Sub-division Parbhani
Post Office Parbhani District Parbhani State Maharashtra

Place: Parbhani

Date: 19/02/2024


Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. Bhagyashri Kubade
Lakhani Bhandara , Maharashtra
2. Shreyash Hake
Waghapur , Yawatmal , Maharashtra 445001

Signature of Witnesses.

1. Bhagyashri Kubade
2. _____

Place: Parbhani

Date: 19/02/2024

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: 19/02/2024



Signature of the Employee

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