# FORM ‘F’

[See s u b-rule(1 ) of rule 6 ]

# Nomination

To Lancesoft India Pvt Ltd.

#7/1, Manohara Plaza, Brookfield, ITPL Road, Bangalore-560066

I, Shr i/ M Shiridi sai nadh whose par t iculars are given in the statement below,

[ 1 ]

hereby nominate the person (s ) ment ion ed below to receive the gratuity payable

after my death a s also the gratuity s ta n din g to m y credit in the event of m y death before that amount has become payable, or h a vin g become payable has not been pa id a n d direct that the said amount of gratuity shall be pa id in proportion indica ted a gain s t the n a m e(s ) of the nominee(s ).

1. . I hereby certify that the person (s) mention ed is a / are member (s) of my family with in the meaning of clause (h ) of section (2 ) of the Payment of Gratuity Act, 1972 .
2. . I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.
3. . (a) My father/ mother/ parents is / are not dependant on me.

(b) my husband ’s father/ moth er/ parents is / a re not dependant on my husband .

1. . I have excluded m y husband from my family by a notice date the …… to the controlling authority in terms of the proviso to clause (h ) of section 2 of th e s a id Act.
2. . Nomination made herein in validates m y previous nomination.

# Nominee (S)

|  |  |  |  |
| --- | --- | --- | --- |
| Name in full  with full address of nominee(s) | Relat ion s h ip with th e  employee | Age of nominee | Proportion by which the  gratuity will be  shared |
| 1. N. mastan rao | uncle | 40 |  |
| 2 . |  |  |  |
| 3 . |  |  |  |
|  |  |  |  |

**Statement**

1. Name of employee in full: M Shiridi sai nadh
2. Sex: Male
3. Religion: Hindu
4. Whether unmarried/ married/ widow/ widower: Unmarried
5. Department / Branch / Section where employed:
6. Post held with Ticket or Serial No., if any.:
7. Date of appointment: 29-03-2022
8. Permanent address: Nagayatippa mopiedvi mandal krishna district A.P 521125

Village Nagayatippa Sub-division Avanigadda Post Office : Nagayatippa

Place:hyderabad M Shiridi sai nadh

Signature/ Th u m b impress ion

Date:29-03-2022 of the employee

*Declaration by witnesses*

Nom in a t ion signed/ thumb impressed before me.

Name in full and full Signature of witness

1. 1.

Place:hyderabad

Date:29-03-2022

*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 a n y

Signature of the employer/ Officer authorized

Designation

Date29-03-2022 Na m e 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.

M Shiridi sai nadh

Date: 29-03-2022 Signa ture of the employee