

FORM 'F'

[See sub-rule(1) of rule 6]

Nomination

To Mphasis Limited, Unit No 1202, Part of 12th Floor, Hyderabad, Telangana 500081

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

I, Shri/Shrimati/Kumari Kavya Venkata Sai Suma Chunduri whose particulars are given in the statement below,

[Name in full here]

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 a/are member(s) of my family with in the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family with in 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 date the to the controlling authority in terms of the provision 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.	Chunduri Mohini Padma Kumari	Mother	51	100%
2.				
3.				
so on				

Statement

1. Name of employee in full Kavya Venkata Sai Suma Chunduri
2. Sex. Female
3. Religion. Hindu
4. Whether unmarried/married/widow/widower. Single
5. Department/Branch/Section where employed. IT
6. Post held with Ticket or Serial No., if any. Applicant ID: RH8120274
7. Date of appointment. 27/09/2021
8. Permanent address. D.No:24-3-66, R.Agraharam, Guntur, Andhra Pradesh-522003

Village Guntur Thana Guntur Sub-division Town 1 Post Office Guntur B&



Place Andhra Pradesh

Date 22/09/2021

Signature/Thumb
impression of the
employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses: Signature of witnesses

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |

Place

Date

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 authorized

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

Signature of the employee

