

FORM 'F'

See sub-rule (1) of Rule 6

Employee No.

1233450

Nomination

To,
Infosys Limited,
No.44, Electronics city,
Hosur Road,
Bangalore- 560 100

I, Shri/Shrimati/Kumari APPANI SUNDER

(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 (leave it blank) 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.	Can nominate spouse or parents but not siblings			Out of 100%,can be shared among nominees
2.	APPANI VENKATESHWARLU	FATHER	52	50
3.	APPANI VIJAYA LAXMI	MOTHER	46	50

< Total % of share should be 100% >

Statement

1. Name of employee in full APPANI SUNDER
2. Sex MALE
3. Religion HINDU
4. Whether unmarried/married/widow/widower UNMARRIED
5. Department/Branch/Section where employed < Leave this Blank >
6. Post held with Ticket No. or Serial No., if any < Leave this Blank >
7. Date of appointment 07MARCH 2022.
8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office LAXMIPUR District WARANGAL State TELANGANA

Place: MYSORE

Date: 21/03/2022

A. Sunder

Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. APPANI SUNIL VARMA
11-1-32 LABOUR COLONY
2. _____

Signature of Witnesses.

1. (not mandatory)
2. _____

Place: WARANGAL

Date: 20/03/2022.

Certificate by the Employer (not to be filled by employee)

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: _____

Infosys Limited,
No.44, Electronics city,
Hosur Road,
Bangalore- 560 100

Acknowledgement by the Employee

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

(employee sign not mandatory here)

Date: _____

Signature of the Employee

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