

## FORM 'F'

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

### Nomination

To .....

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

I. Shri/~~Shrimati~~ **Vaibhav Gupta** ..... 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 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)

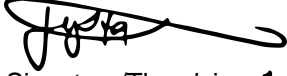
Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1. Laxmi Narayan Gupta H. NO. 14, Tilak Marg, Rajpur	Father	56	100%
2. Distt Barwani (451447)			
3.			
so on.			

### Statement

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village Rajpur Thana Rajpur Sub-division Rajpur Post Office Rajpur  
District Barwani State Madhya Pradesh

Place Rajpur  
Date 10/8/2022

  
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. Chhatrapal Ahirwar
2. Anurag Rajput

1. C.A  
2. AnuR

Place Rajpur

Date 8/10/2022

*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 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

Signature of the employee

*Note:* Strike out the words and paragraphs not applicable.