## FORM 'F'

(See sub-rule (1) of Rule 6)

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Yethi Consulting Pvt Ltd, 303, Trinity Woods, 872/D, 80 Feet Rd, Michael Palaya, Indiranagar, Bengaluru, Karnataka 560038.

- 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.

Name in full with full address of nominee(s)		Relation with the employee	Age of the Nominee	Proportion by which the gratuity will be shared  (4)	
		(2)	(3)		
1 PAI 2 57	RVATHI	MOTHER	50	100%	
3 (H) 4 So on	NO.82/8, ANDIAINAGAE UTARAT-58)	2)			
1.		e employee in full	SAHIL JAS	CITAL	
2	Sex		& MALE	- WILL	
3	Religion		PAINDU		
4	Whether unm widow/ widow	arried / married/ wer	UNMARRS	TFD	
5	Department /I Where employ	Branch / Section yed	DELIVERY		
6		Ticket or serial	EMP # 68	03	

Village	-	Thana	,	Sub-Division	1	
Post Office	-	District	-	State	ACUJA ACUJA	RAT

Place BANGALORE Date of Joining - 01/04/2022

Signature / Thumb - Impression

of the employee

Declaration by witnesses

Nomination signed / thumb-impression before me.

Name in full and full Address of witness

Signature of witness

1 SUMALATHA. P. (H.No. 872, BANASVADE 2. JASBIR. KAUR. (H.No. 84/C, 4th CROSS, ATTO MAIN, M. G. ROAD. BLR-37

Place BANGALORE Date 01/04/2012

Certify 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 inform F filed by me and duly certified by the employer.

Date of Joining - 01/04/2022

Signature of the Employee