



(Applicable to all employees)

NOMINATION FORM - GRATUITY

FORM-F

(See Sub-Rule (1) of Rule (6))

To

Wipro Limited
Doddakannelli
Sarjapur Road
Bengaluru - 560 035

1. Sri/Smt./Kumari _____ 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).
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)

Sl. No.	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)	FILL IN THE NAME OF THE NOMINEE			
2)				
3)				
4)				

STATEMENT

1.	Full Name of the employee				
2.	Gender				
3.	Religion				
4.	Whether unmarried / married widow / widower / divorcee				
5.	Department / Branch / Section where employed				
6.	Post held with ticket / employee number				
7.	Date of appointment				
8.	Permanent address				
Village			Thana		Sub-division
Post Office			District		State

Place

Date

Signature / Thumb impression
of the employee

DECLARATION BY WITNESS

Nomination signed / thumb impressed before me

Name of the witness 1.....

Signature of witness

Address of the witness 1

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Name of the witness 2.....

Address of the witness 2

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FOR OFFICE USE ONLY

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

Date

Signature of the employer/officer authorised

**Designation
Name & address of the establishment
or rubber stamp thereof**

ACKNOWLEDGEMENT BY THE EMPLOYEE

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

Date

Signature of the employee