

FORM F
 [See sub-rule (1) of rule 6]
NOMINATION

To.

.....
 (Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari.....
 (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 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/are member(s) of my family within the meaning of Cl. (h) of Sec. 2 of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.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 employer	Age of nominee	Proportion by which the gratuity will be shared
1	2	3	4

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.....Thana.....sub-division.....
 Post office.....District.....State.....

Signature/Thumb-impression
 of the employee.

Place.....
 Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

1.....
 2.....

Signature of witnesses:

1.....
 2.....

Place.....
 Date.....

CERTIFICATE BY THE EMPLOYER

Certificate 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 and address of the establishment

Or rubber stamp thereof

ACKNOWLEDGMENT 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 employer.

Note,- strike out the words and paragraphs not applicable.