FORM -'F'

PAYMENT OF GRATUITY ACT. [SEE SUB-RULE (1) of Rule 6] NOMINATION

To,		
[I Give here name or de	escription of the establishment	with full address]
1. Shri/Shrimati	Ankit Yadwanshi [Name in the her	el
	[realise in the real	

Whose particulars are given in the statement below. I 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 the 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 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.
- 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.
- I have excluded My Husband from my family by a notice dated the to the controlling authority in terms of the provision to clause (h) of section 2 of the said Act.
- 6. Nomination made herein invalidates my previous nomination.

NOMINEE'S

Relationship with the employee (2)	Age of nominee (3)	Proportion by which the gratuity will be shared (4)
father	60	
	the employee (2)	the employee nominee (2) (3)

STATEMENT

Name of the employee in full	nKit Yaduvanshi
2. SexMale	
3. Religiontundu	er er calean
4. Whether unmarried/married/widow/w	idowerumarkied
	mployed
6 Post held with Ticket No. Serial No. it	f any
7 Date of appointment 55/09/20	18
8. Permanent address. P. No 45.,	, D.K. Nogoz, KhatiPura Road, The
VillageTh	anaSub Division
Post Office Thotwara Dis	strict Jaipur State Rajoythan
Place-Benjaluru	Anhit.
	Signature/Thumb Impression
Date2.4/44/2014	of the employee
Doclarat	ion by witnesses
	ion by witnesses
Nomination signed/Thumb impressed be	efore me
Declarate Nomination signed/Thumb impressed be Name in full and full address of witnesse	efore me
Nomination signed/Thumb impressed be	efore me
Nomination signed/Thumb impressed be	efore me
Nomination signed/Thumb impressed be	efore me
Nomination signed/Thumb impressed be Name in full and full address of witnesse Place:	efore me
Nomination signed/Thumb impressed be Name in full and full address of witnessed be Place: Date	signature of witnesses
Nomination signed/Thumb impressed be Name in full and full address of witnessed be Place: Date	efore me
Nomination signed/Thumb impressed be Name in full and full address of witnessed Place: Date	signature of witnesses te by the employer
Nomination signed/Thumb impressed be Name in full and full address of witnessed Place: Date	signature of witnesses te by the employer
Nomination signed/Thumb impressed be Name in full and full address of witnessed be Place: Date Certificate Certified that the particulars of the above	signature of witnesses te by the employer e nomination have been verified and recorded in this
Nomination signed/Thumb impressed be Name in full and full address of witnessed be Place: Date Certificate Certified that the particulars of the above	signature of witnesses te by the employer e nomination have been verified and recorded in this Signature of the employer/Officer authorized
Nomination signed/Thumb impressed be Name in full and full address of witnessed Place: Date	signature of witnesses te by the employer e nomination have been verified and recorded in this
Nomination signed/Thumb impressed be Name in full and full address of witnessed Place: Date	signature of witnesses see by the employer e nomination have been verified and recorded in this Signature of the employer/Officer authorized Designation
Nomination signed/Thumb impressed be Name in full and full address of witnessed Place: Date	signature of witnesses te by the employer e nomination have been verified and recorded in this Signature of the employer/Officer authorized

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

Date...2.4/0.4/2019...

Note: Strike out words/paragraph not applicable

Anhut . Signature of the employee