

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/Kumari 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.			
2.			
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 Thana Sub-division Post Office

District State.....

Place
Date

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.
2.

1.
2.

Place

Date

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.

FORM 'G'

[See sub-rule (3) of rule 6]

Fresh Nomination

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

I, Shri/Shrimati [Name in full here] whose particulars are given in the statement below, have acquired a family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972 with effect from the [date here] in the manner indicated below and therefor nominate afresh 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 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) nominated is a/are member(s) of my family within the meaning of clause (h) of section 2 of the said Act.

3.

(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.

4. 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.

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)	(2)	(3)	(4)
1.			
2.			
3.			
4.			
so on.			

Manner of acquiring a "family"

[Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependant or through other process like adoption].

Statement

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

Village Thana Sub-division Post Office

District State

Place

Signature/Thumb impression

Date

of the employee.

Declaration by witnesses

Fresh nomination signed/thumb impressed before me.

Name in full and full
addresses of witnesses.

Signature of witnesses.

1.
2.

1.
2.

Place

Date

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 the nomination in Form filed by me on
duly certified by the employer.

Date

Signature of the employer

Note: Strike out the words and paragraphs not applicable.

FORM 'H'

[See sub-rule (4) of rule 6]

Modification of Nomination

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

I, Shri/Shrimati/Kumari [Name in full here] whose particulars are given in the statement below, hereby give notice that the nomination filed by me on [date] and recorded under your reference No..... dated shall stand modified in the following manner:

[Here give details of the modifications intended]

Statement

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

Place
Date

Signature/Thumb impression
of the employee

Declaration by witnesses

Modification of nomination signed/thumb impressed before me.

Name in full and full
addresses of witnesses.

Signature of witnesses.

- 1.
- 2.

- 1.
- 2.

Place
Date

Certificate by the employer

Certified that the above modification have been recorded.

Employer's reference No., if any.

Signature of the employer/
Officer authorised
Designation
Name and address of the
Establishment or rubber
Stamp thereof.

Acknowledgement by the employee

Received the duplicate copy of the notice for modification in Form 'H' filed by me on
...and duly certified by the employer.

Date

Signature of the employee

Note: Strike out the words and paragraphs not applicable.