

FORM 'F'
[SEE SUB- RULE (1) OF RULE 6]
NOMINATION

Office: _____ Dist. No.: _____ P.F. A/C No.: _____ Gratuity Code No.: _____

Date: _____

To

Office of the Trustees of Punjab National Bank Employees Gratuity Fund, HO: New Delhi

I, Shri/Shrimati/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 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 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 dependant on me.
 (b) My husband's father/mother/parents is/are not dependant 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	Relationship with the employee	1. Whether major or minor 2. State date of birth in case of minor	Proportion of benefit	Name and full address of the person to whom payment is to be made on behalf of the minor beneficiary	Sex and percentage of person mentioned in column (5)	Signature of person mentioned in column (5) in token of consent to receive benefit on minor beneficiary
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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. Date of confirmation:
9. Permanent address: Village Thana Sub- division
..... Post Office District State
.....

Place:

Date:

Signature/Thumb impression of the employee

DECLARATION BY WITNESSES: Fresh nomination signed/thumb impressed before me.

- 1.
- 2.

(Signature of witnesses)

(Name in full and full address of witnesses)

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nomination have been verified and recorded in the 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

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of nomination form filed by me and duly certified by the employer.

Date:

Signature of the employee:

Note: Strike out the words not applicable.

ANNEXURE – 1

[APPOINTMENT OF BENEFICIARY UNDER RULE 6 OF THE GRATUITY FUND]

I, Shri/Shrimati/Kumari _____ (Name in full here) whose particulars are given hereinbefore, nominate the person/persons mentioned in Column (1) of Form F to be beneficiary/beneficiaries in the manner shown against the respective names.

The amount due to any beneficiary who is a minor at the time of my death should be paid to the persons whose name appears in Column (5) of Form F.

The trustees will be absolved from all liability in respect of my Gratuity account on paying the amount to me if I am alive or to the person or persons names in column no.1 above after my death. My marriage or the remarriage or the marriage or remarriage of any one of my nominee will not affect the Trustee's right to get a full and final discharge from me if I am alive and in case of my death from my nominee as mentioned in Column (1) of Form F.

Place: _____

Signature/Thumb-Impression of the Employee

Date: _____

