

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: _____