

NOMINATION FORM

The Secretary
Board of Trustees,
IRCON Employees' Gratuity Fund,
New Delhi.

Sir,

1. I, 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 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 / 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.
5. 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. Nominations 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)	(4)
1.			
2.			
3.			
4.			

STATEMENT

- 1. Name of Employee in full : _____
- 2. Sex : _____
- 3. Religion : _____
- 4. Whether - unmarried / married / widow / widower : _____
- 5. Dept. 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 _____
 P.O. _____ District _____ State _____

Place : _____
 Date : _____

Signature / thumb impression of the employee

(Declaration by the witnesses)

Nomination signed/thumb impressed before me.

- | Name in Full and Full Address | Signature of witnesses |
|-------------------------------|------------------------|
| 1. _____ | 1. _____ |
| 2. . _____ | 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' filled by me and duly certified by the employer.

Date _____

Signature of the Employee

Note :Strike out the words and paragraphs not applicable.