

WCL/SECL
(Subsidiary of Coal India Limited)

व्यवहान संपादन (केन्द्रीय) नियम, 1972
THE PAYMENT GRATUITY (GENERAL) RULES, 1972

फार्म एक Form F

[नियम 1 का उपनियम (1) देखें]
[See sub-rule (1) of Rule 6]

नामनिर्देशन Nomination

प्रेषित To, _____

(यहाँ पूरा पता के साथ स्थापन का नाम या वर्णन लिखें)
(Give here name or description of the establishment with full address)

I, Shri/Shrinati/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 direct that the sale amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

I, hereby certify that the person(s) mentioned is / are / member(s) of my family within the meaning of clause(h) of section (2) of the Payment of Gratuity Act, 1972.

I, hereby declare that I have no family within the meaning of clause(h) of section(2) of the said Act

(a) My father mother/parents is/are not dependent on me.

(b) My husband 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.

Nomination made hereinafter invalidates my previous nomination.

NOMINEE(S)

Name In full with full address of nominee(s)	Relationship with the employee	Age of nominee(s)	Proportion by which the gratuity will be shared
1.			
2.			
3.			
4.			
5.			
6.			
So on			

STATEMENT

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

Village _____ Thana _____ Sub-division _____

Post Office _____ District _____ State _____

Place _____

Date _____ Signature/Thumb impression of the employee _____

Declaration by Witness

Nomination signed thumb impressed before me

Name in full and full address
of witnesses

Signature of witnesses

1. _____ 1. _____

2. _____ 2. _____

Place _____

Date _____

Certificate by the employee

Certified that the particulars of the above nomination have been verified and record in this establishment.

Signature of the employee/officer
authorised.

Designation :

Name & address of the establishment
or rubber stamp there of

Date : _____

Acknowledgment by the employee

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

Date : _____

Signature/thumb impression of the employee _____

Note 1 Strike out the word which is not applicable.