

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Yash Mehta** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Yash Mehta**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **IT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/01/2014**
8. Permanent address : **Ahmedabad ,Vastral ,Ahmedabad 382418 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Heena N Pandya** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Heena N Pandya**
2. Sex : **Female**
3. Religion :
4. Whether unmarried/married/widow/widower : **Married**
5. Department/Branch/Section where employed: **IT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/04/2011**
8. Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Jagruti L Gosai** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Jagruti L Gosai**
- Sex : **Female**
- Religion :
- Whether unmarried/married/widow/widower : **Married**
- Department/Branch/Section where employed: **H. R. DEPARTMENT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/04/2011**
- Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Chirag N Patel** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Chirag N Patel**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **IT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/04/2011**
8. Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Hiren D Bhatt** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Hiren D Bhatt**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **Sales**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/05/2013**
8. Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Husen F Vora** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Husen F Vora**
- Sex : **Male**
- Religion :
- Whether unmarried/married/widow/widower : **Married**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **15/10/2013**
- Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Vidushi K Joshi** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Vidushi K Joshi**
- Sex : **Female**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/04/2014**
- Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Piyush P Ramvani** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Piyush P Ramvani**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **IT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/06/2014**
8. Permanent address : **A/1 swati Society;Bapunagar ,Alonj ,Bharuch 394115 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Nirali V Barot** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Nirali V Barot**
- Sex : **Female**
- Religion :
- Whether unmarried/married/widow/widower : **Married**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/05/2015**
- Permanent address : **A/1 swati Society;Bapunagar ,Manek Chowk ,Ahmedabad 380001 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Jigar P Panchal** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Jigar P Panchal**
- Sex : **Male**
- Religion :
- Whether unmarried/married/widow/widower : **Married**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/07/2015**
- Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Bhavik S Ayer** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Bhavik S Ayer**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **STORE DEPARTMENT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/04/2016**
8. Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Nishidh Y Dave** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Nishidh Y Dave**
- Sex : **Male**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/08/2016**
- Permanent address : **A/1 swati Society;Bapunagar ,Bapunagar ,Ahmedabad 380024 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....
2.....

1.....
2.....

Place.....
Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Neha D Chanariya** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Neha D Chanariya**
- Sex : **Female**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **15/01/2017**
- Permanent address : **A/1 swati Society;Bapunagar ,Amraiwadi ,Ahmedabad 380026 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1. Shri/Shrimati **Neha S. Parmar** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec. 2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Neha S. Parmar**
2. Sex : **Female**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed : **COMPUTER GROUP**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/05/2017**
8. Permanent address : **A/1 swati Society;Bapunagar ,Aniali (K) ,Ahmedabad 382245 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Ketan A. Patil** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Ketan A. Patil**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **COMPUTER GROUP**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/08/2017**
8. Permanent address : **K-10, RTO Circle,Subhashbridgge ,Aniali Bhimji ,Ahmedabad 382460 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Rahul J. Patel** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Rahul J. Patel**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **IT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/08/2017**
8. Permanent address : **Ranip. ,Andej ,Ahmedabad 382115 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Riddhi M Pandya** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Riddhi M Pandya**
- Sex : **Male**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/04/2017**
- Permanent address : **201, Ganesh Apartment, Vastral, AHmedabad ,Vastral ,Ahmedabad 382418 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Sandeep M Patel** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Sandeep M Patel**
- Sex : **Male**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **29/03/2010**
- Permanent address : **A/1 swati Society;Bapunagar ,Kubernagar B A ,Ahmedabad 382340 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Jalpan M Patel** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Jalpan M Patel**
- Sex : **Male**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/04/2016**
- Permanent address : **A/1 swati Society;Bapunagar ,Kubernagar B A ,Ahmedabad 382340 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Nilpan G Patel** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Nilpan G Patel**
- Sex : **Female**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **IT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **01/04/2016**
- Permanent address : **A/1 swati Society;Bapunagar ,Kubernagar B A ,Ahmedabad 382340 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Neel R Rama** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Neel R Rama**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **ELECTRIC DEPT.**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **12/01/2017**
8. Permanent address : **Ahmedabad ,Bodakdev ,Ahmedabad 380054 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....
2.....

1.....
2.....

Place.....
Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Vinay G Rana** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Vinay G Rana**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **IT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/01/2017**
8. Permanent address : **Baroda ,Alkapuri ,Vadodara 390007 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Prachi P Parikh** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Prachi P Parikh**
2. Sex : **Female**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **IT**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/01/2016**
8. Permanent address : **Maninagar ,Maninagar ,Ahmedabad 380008 ,Gujarat ,India**

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.

Name in full and full address of:

Signature of witnesses:

1.....
2.....

1.....
2.....

Place.....
Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190**

1.Shri/Shrimati **Deep K Patel** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

1. Name of employee in full : **Deep K Patel**
2. Sex : **Male**
3. Religion :
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed: **ELECTRIC DEPT.**
6. Post held with Ticket or Serial. No., if any :
7. Date of appointment : **01/04/2017**
8. Permanent address : **Baroda ,Alkapuri ,Vadodara 390007 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.

FORM G

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

FRESH NOMINATION

To.....

Demo

401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad - 380015 India
Phone No.: 917940099190

1.Shri/Shrimati **Dileep Sabhajeet Yadav** whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972.....with effect from the (date here).....

In the manner indicated below and therefore 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, and direct that the said amount of gratuity shall be paid in proportion against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 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 provision to Cl. (h) of sec. 2 of the said Act.

NOMINEE(S)

| Name in full with full address of nominee(s) | Relationship with the employer | Age of nominee | Proportion by which the gratuity will be shared |
|--|--------------------------------|----------------|---|
| 1 | 2 | 3 | 4 |
| 1. | | | |
| and 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 dependent or through other process like adoption).

STATEMENT

- Name of employee in full : **Dileep Sabhajeet Yadav**
- Sex : **Male**
- Religion :
- Whether unmarried/married/widow/widower : **Unmarried**
- Department/Branch/Section where employed: **H. R. DEPARTMENT**
- Post held with Ticket or Serial. No., if any :
- Date of appointment : **13/04/2017**
- Permanent address : **Yogi Nagar, gondal ,Gondal College Chowk ,Rajkot 360311 ,Gujarat ,India**

Village.....Thana.....sub-division.....
Post office.....District.....State.....

Place.....

Signature/Thumb-impression
of the employee.

Date.....

DECLARATION BY WITNESSES

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of:

Signature of witnesses:

1.....

1.....

2.....

2.....

Place.....

Date.....

CERTIFICATE BY THE EMPLOYER

Certificate that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Date.....

Signature of the employer/
officer authorised.
Designation.
Name and address of the establishment
Or rubber stamp thereof

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

Note: - strike out the words and paragraphs not applicable.