

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Yash Mehta**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/01/2014**
- 8. Permanent address : **Ahmedabad Vastral Ahmedabad Gujarat India 382418**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Heena N Pandya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 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 Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Jagruti L Gosai**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Jagruti L Gosai**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 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 Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Chirag N Patel**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 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 Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Minoli M Jain**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Minoli M Jain**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2012**
- 8. Permanent address : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Mittal G Wandariya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Mittal G Wandariya**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/05/2012**
- 8. Permanent address : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Hiren D Bhatt**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 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 Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Husen F Vora**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Vidushi K Joshi**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Piyush P Ramvani**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
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 Gujarat India 394115**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Nirali V Barot**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Jigar P Panchal**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Bhavik S Ayer**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 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 Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Nishidh Y Dave**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Niyati R Shah**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Niyati R Shah**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/01/2017**
- 8. Permanent address : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Neha D Chanariya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Neha S. Parmar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 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 Gujarat India 382245**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Ketan A. Patil**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 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 Gujarat India 382460**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Rahul J. Patel**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/08/2017**
- 8. Permanent address : **Ranip. Andej Ahmedabad Gujarat India 382115**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Riddhi M Pandya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Sandeep M Patel**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Jalpan M Patel**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Jalpan M Patel**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 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 Kubernagar B A Ahmedabad Gujarat India 382340**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Nilpan G Patel**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Nilpan G Patel**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 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 Kubernagar B A Ahmedabad Gujarat India 382340**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Neel R Rama**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **12/01/2017**
- 8. Permanent address : **Ahmedabad Bodakdev Ahmedabad Gujarat India 380054**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Vinay G Rana**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/01/2017**
- 8. Permanent address : **Baroda Alkapuri Vadodara Gujarat India 390007**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Prachi P Parikh**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
6. Post held with Ticket or Serial. No., if any:
7. Date of appointment : **01/01/2016**
8. Permanent address : **Maninagar Maninagar Ahmedabad Gujarat India 380008**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Deep K Patel**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

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:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2017**
- 8. Permanent address : **Baroda Alkapuri Vadodara Gujarat India 390007**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Dileep Sabhajeet Yadav**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Parth R Shah**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Parth R Shah**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **03/01/2017**
- 8. Permanent address : **Ahmedabad Ambawadi (Ahmedabad) Ahmedabad Gujarat India 380006**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **D L Shah**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **D L Shah**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/10/2017**
- 8. Permanent address : **Ahmedabad Daxini Society Ahmedabad Gujarat India 380008**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Vivek Kumar Singh**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Vivek Kumar Singh**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/10/2017**
- 8. Permanent address : **Ahmedabad Daxini Society Ahmedabad Gujarat India 380008**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Jiten P Rathod**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Jiten P Rathod**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **13/11/2016**
- 8. Permanent address : **Naranpura Naranpura Vistar Ahmedabad Gujarat India 380013**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Ramesh Parmar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Ramesh Parmar**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **16/06/2011**
- 8. Permanent address : **RAJKOT Rajkot City Gujarat India 360001**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Jaydeep Sonara**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Jaydeep Sonara**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **07/07/2011**
- 8. Permanent address : **RAJKOT Rajkot City Gujarat India 360001**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Dinesh Parmar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Dinesh Parmar**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **07/01/2012**
- 8. Permanent address : **RAJKOT Rajkot City Gujarat India 360001**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Bhavesh Bagada**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Bhavesh Bagada**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **19/07/2014**
- 8. Permanent address : **RAJKOT Rajkot City Gujarat India 360001**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Suresh Chandapa**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Suresh Chandapa**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2012**
- 8. Permanent address : **RAJKOT Rajkot City Gujarat India 360001**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **HIren N Panchal**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **HIren N Panchal**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2017**
- 8. Permanent address : **Ahmedabad Ranip Ahmedabad Gujarat India 382480**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Chandrika Prakash**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Chandrika Prakash**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **05/03/2013**
- 8. Permanent address : **202, sagar flats Ghatlodia Ahmedabad Gujarat India 380061**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Pratik shrimali**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Pratik shrimali**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2013**
- 8. Permanent address : **Ahmedabad Ambawadi (Ahmedabad) Ahmedabad Gujarat India 380006**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Bhumika Suryavanshi**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Bhumika Suryavanshi**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/07/2017**
- 8. Permanent address : **K-202 , ICB Floora Ghatlodia Ahmedabad Gujarat India 380061**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Bhishmasinh Rathod**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Bhishmasinh Rathod**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2017**
- 8. Permanent address : **Ahmedabad Ghatlodia Ahmedabad Gujarat India 380061**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Samir Diwan**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Samir Diwan**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **07/10/2014**
- 8. Permanent address : **26,Sahil Park, Amuldairy (Anand) Anand Gujarat India 388001**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Sagar Shah**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Sagar Shah**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **11/03/2013**
- 8. Permanent address : **3 sukh sagar flat Anandnagar (Ahmedabad) Ahmedabad Gujarat India 380007**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Shamshad Ali**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Shamshad Ali**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **14/11/2016**
- 8. Permanent address : **18/733 Nandanwan Jodhpur Rajasthan India 342008**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Harish Rathore**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Harish Rathore**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **15/09/2012**
- 8. Permanent address : **S/o ram swaroop rathore Adarsh Nagar (Ajmer) Ajmer Rajasthan India 305002**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Kuldeep Singh**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Kuldeep Singh**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **21/08/2017**
- 8. Permanent address : **vill. Bartu Agewa Pali Rajasthan India 306302**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Mehul Panchal**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Mehul Panchal**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **23/02/2015**
- 8. Permanent address : **11, Uttar Gujarat society Ranip Ahmedabad Gujarat India 382480**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Tejas Patel**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Tejas Patel**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **25/03/2016**
- 8. Permanent address : **Ahmedabad Ghatlodia Ahmedabad Gujarat India 380061**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Ramesh Gajjar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Ramesh Gajjar**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **Laxmivadi Main Road,Murlidhar Apartment Rajkot, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Ashvin Davera**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Ashvin Davera**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **115 nava harijan vistar Bharudi,Ta:Gondal Dist:Rajkot Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Kanji Vala**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

1. Name of employee in full : **Kanji Vala**

2. Sex : **Male**

3. Religion:

4. Whether unmarried/married/widow/widower : **Unmarried**

5. Department/Branch/Section where employed:

6. Post held with Ticket or Serial. No., if any:

7. Date of appointment : **01/04/2016**

8. Permanent address : **To-Vishanvel Ta:MaliyaHatina Dist:Junagadh, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Uttam Kachhadiya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

1. Name of employee in full : **Uttam Kachhadiya**

2. Sex : **Male**

3. Religion:

4. Whether unmarried/married/widow/widower : **Unmarried**

5. Department/Branch/Section where employed:

6. Post held with Ticket or Serial. No., if any:

7. Date of appointment : **01/04/2016**

8. Permanent address : **At:Mendarda Visavdar road Dist:Junagadh, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Kapilkumar Padariya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Kapilkumar Padariya**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **Vill: Sanala, Ta: Jamkandora, Dist: Rajkot, Ashram Road P.O Ahmedabad Gujarat India 38009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Vimal Ghervada**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Vimal Ghervada**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **"Amit" Deepak Society , Kaniya Chowk, Raiya Road,Rajkot Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Jitendrabhai Kukadiya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

1. Name of employee in full : **Jitendrabhai Kukadiya**

2. Sex : **Male**

3. Religion:

4. Whether unmarried/married/widow/widower : **Unmarried**

5. Department/Branch/Section where employed:

6. Post held with Ticket or Serial. No., if any:

7. Date of appointment : **01/04/2016**

8. Permanent address : **Block No-d/171,Shashtrinagar,Near Nana Mava Road,150 Feet Ring Road,Rajkot Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Pratik Tanna**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

1. Name of employee in full : **Pratik Tanna**
2. Sex : **Male**
3. Religion:
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed:
6. Post held with Ticket or Serial. No., if any:
7. Date of appointment : **01/04/2016**
8. Permanent address : **Opp. Nana Chora, Sanathali, Rajkot, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Pinal Sakariya**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Pinal Sakariya**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **A-308, Setu Residency canal Road, Sarthana ,Jakatnaka, Surat ciety, Varachha Road Surat Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Yogesh Khokle**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Yogesh Khokle**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **station road, 41, Shastri nagar,,Gurunanak ward, Bhandara, Maharashtra Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Vijay Solanki**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Vijay Solanki**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **RamPark Nr.Shitla Temple Shapar Veraval, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Shankar Gohil**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Shankar Gohil**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **ASHRAY Society, Qtr No. 43, Opp Radhe Wafers, ,Dholara Raod, At Shapar (Veraval) Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Dharmendra Kumar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

1. Name of employee in full : **Dharmendra Kumar**

2. Sex : **Male**

3. Religion:

4. Whether unmarried/married/widow/widower : **Unmarried**

5. Department/Branch/Section where employed:

6. Post held with Ticket or Serial. No., if any:

7. Date of appointment : **01/04/2016**

8. Permanent address : **At:Baruna P/o-Khajuri Thana-Navalpur Patna, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Vinod Kumar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

1. Name of employee in full : **Vinod Kumar**
2. Sex : **Male**
3. Religion:
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department/Branch/Section where employed:
6. Post held with Ticket or Serial. No., if any:
7. Date of appointment : **01/04/2016**
8. Permanent address : **punit nagar-12 mavadi mainroad rajkot, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Raghunandan Mistri**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Raghunandan Mistri**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **baruna baranibatpur patna bihar, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Ramesh Parmar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Ramesh Parmar**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **"Gitanjali" Nr.Gayatri Mandir TB hospital road ,kesod junagadh Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Jaydeep Sonara**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Jaydeep Sonara**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **kanak nagar soci. main road santkabir road ,,Nr. shri Murlidhar school Rajkot. Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Dinesh Parmar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Dinesh Parmar**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **rampark soci. nr. shitlatemple sapor verava ,dist:Rajkot Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Bhavesh Bagada**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Bhavesh Bagada**
- 2. Sex : **Male**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/04/2016**
- 8. Permanent address : **379,harijanvas ardoi-2 360030,Ta:kotda sanghani Dist:Rajkot Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Suresh Chandapa**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

1. Name of employee in full : **Suresh Chandapa**

2. Sex : **Male**

3. Religion:

4. Whether unmarried/married/widow/widower : **Unmarried**

5. Department/Branch/Section where employed:

6. Post held with Ticket or Serial. No., if any:

7. Date of appointment : **01/04/2016**

8. Permanent address : **At:Devchadi via Movia Ta:Gondal Dist:Rajkot, Ashram Road P.O Ahmedabad Gujarat India 380009**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Ketrina S Kaif**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Ketrina S Kaif**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Unmarried**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/10/2017**
- 8. Permanent address : **Ahmedabad Adroda Ahmedabad Gujarat India 382220**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Dhrumil Gajjar**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Akansha Gandhi**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Akansha Gandhi**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/01/2016**
- 8. Permanent address : **201, Ganesh Meridian, opp. Kargil Petrol Pump Sola, Ahmedabad Sola Ahmedabad Gujarat India 380060**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Pankti D Shah**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

- 1. Name of employee in full : **Pankti D Shah**
- 2. Sex : **Female**
- 3. Religion:
- 4. Whether unmarried/married/widow/widower : **Married**
- 5. Department/Branch/Section where employed:
- 6. Post held with Ticket or Serial. No., if any:
- 7. Date of appointment : **01/01/2016**
- 8. Permanent address : **Manianagr Daxini Society Ahmedabad Gujarat India 380008**

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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

FORM F

[See sub-rule (1) of rule 6]

NOMINATION

To.....

(Give here name or description of the establishment with full address)

1. shri.shrimati/Kumari : **Narotam P Mistry**

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 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 indicated against the name(s) of the nominee(s).

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

3. I hereby declare that I have no family within the meaning of Cl. (h) of Sec.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 Cl. (h) of Sec.2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

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. 2. 3. 4. and so on.			

STATEMENT

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

Village.....Thana.....sub-division.....

Post office.....District.....State.....

Signature/Thumb-impression
of the employee.

Place.....

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 F filed by me and duly certified by the employer.

Date.....

Signature of the employer.

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