

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari RAHUL KUMAR

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (a) My father/mother/parents is/are not dependent on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
	(1)	(2)	(3)	(4)
1.	RAMPAL SINGH	Father	60	100%
2.				
3.				
So on.				

Statement

1. Name of employee in full RAHUL KUMAR
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 05.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari VIKAS CHAND

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

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- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (a) My father/mother/parents is/are not dependent on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)
1. SHYAMACHARAN	Father	60	100%
2.			
3.			
So on.			

Statement

1. Name of employee in full VIKAS CHAND
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 06.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Payment of Gratuity (Central) Rules

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Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari VIJAY BADANA

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
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(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
	(1)	(2)	(3)	(4)
1.	RAJBIR SINGH	Father	60	100%
2.				
3.				
So on.				

Statement

1. Name of employee in full VIJAY BADANA
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 06.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Payment of Gratuity (Central) Rules

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Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari ANNU SINGH

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

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(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)
1. SGHRWAN SINGH	Father	60	100%
2.			
3.			
So on.			

Statement

1. Name of employee in full ANNU SINGH
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 08.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Payment of Gratuity (Central) Rules

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Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari SHIVAM PANWAR

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
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(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	RAJU PANWAR	Father	60	100%
2.				
3.				
So on.				

Statement

1. Name of employee in full SHIVAM PANWAR
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 09.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Payment of Gratuity (Central) Rules

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Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari SUBHASH KASHYAP

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

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- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	RAM KHILADI	Father	60	100%
2.				
3.				
So on.				

Statement

1. Name of employee in full SUBHASH KASHYAP
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 09.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Payment of Gratuity (Central) Rules

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Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari AJAY KUMAR

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
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(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
	(1)	(2)	(3)	(4)
1.	MUKESH KUMAR	Father	60	100%
2.				
3.				
So on.				

Statement

1. Name of employee in full AJAY KUMAR
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 13.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

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

Bimlraj Outsourcing Pvt. Ltd.

46, Savita Sadan, Kirti Nagar, Sec-15, Gurugram-122001

I, Shri/Shrimati/Kumari ROHIT

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before 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).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
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(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
	(1)	(2)	(3)	(4)
1.	RAJ SINGH	Father	60	100%
2.				
3.				
So on.				

Statement

1. Name of employee in full ROHIT
 2. Sex Male
 3. Religion HINDU
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment 13.10.2022
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

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

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.