Payment of Gratuity (Central) Rules
FORM 'G'

See sub-rule (3) of Rule 6

Fresh Nomination

To,

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

_____

_____

I, Shri/Shrimati/Kumari_____

(Name in full here)

whose particulars are given in the statement below, have acquired a family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972 with effect from the_____(date here)

_____in the manner indicated below and therefore nominate afresh the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the said Act.
3. (a) My father/mother/parents is/are not dependent on me.

   (b) My husband's father/mother/parents is/are not dependent on my husband.
4. I have excluded may husband from may 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.

Nominee(s)

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

Manner of acquiring a "Family"

(Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependent or through other process like adoption)

Statement

1. Name of employee in full _____
2. Sex _____
3. Religion _____
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 _____
8. Permanent address:

   Village _____ Thana _____ Sub-division _____

   Post Office _____ District _____ State _____

Place: _____

Signature/Thumb-impression of the Employee

Date: _____

Declaration by witnesses

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of witnesses.

1. _____

2. _____

Signature of Witnesses.

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.

Date:_____

Designation_____

Name and address of the establishment or rubber stamp thereof._____

Acknowledgement by the Employee

Received the duplicate copy of the nomination in Form_____filed by me on_____ duly certified by the employer.

Date:_____

Signature of the Employee.

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