

# FORM G

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

## FRESH NOMINATION

To.....

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

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

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

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

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

(b) My husband's father/mother/parents is/are not dependent on my husband.

4. I have excluded my husband from my family by a notice dated the.....  
to the controlling authority in terms of the proviso to Cl. (h) of sec. 2 of the said Act.

### NOMINEE(S)

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

MANNER OF ACQUIRING A "FAMILY"

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

STATEMENT

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

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.....

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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

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ACKNOWLEDGMENT BY THE EMPLOYEE

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

Date.....

Signature of the employer.

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

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