

To
 The Trustees
 Oriental Bank of Commerce Employees Gratuity Trust
 Head Office
 New Delhi

1. I, _____
 (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).
2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of section (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 proviso to clause (h) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Sl No	Name in full with full address of the nominee(s)	Relationship with the Employee	Age of nominee	Proportion by which the gratuity will be shared
1.				
2.				
3.				
4.				
5.				
6.				

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 or Serial No., if any
7. Date of appointment
8. Permanent Address

Village _____ Thana _____ Sub-Division _____
Post Office _____ District _____ State _____

Place:
Date:

Signature/Thumb impression of the
employee

Declaration by witnesses

Nomination signed/thumb impressed before me

Name in full and full address of Witnesses

Signature of Witnesses

1.

1.

2.

2.

Place:
Date:

Certificate by the Manager

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 atuhorised

Designation
Date

Name and address of the establishment of
rubber stamp thereof

Acknowledgement by the Employee

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

Date

Signature of the Employee

Note: Strike out the words/paragraph not applicable.