FORM-III

[See rules 32 (1), (2), (3) and (4)]
[For the purpose of Chapter-V]

Nomination / Fresh Nomination / Modification of Nomination

(Strike out the words not applicable)

Details of the employee:

1. Name of employee in full: _____

2. Father's / Spouse's name: _____

3. Date of Birth (DD/MM/YYYY): _____ / _____ / _____

4. Universal Account Number (if available): _____

5. Sex: _____

6. Religion: _____

7. Whether unmarried / married / widow / widower: _____

8. Department / Branch / Section where employed: _____

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

10. Date of appointment: _____

11. Date of superannuation: _____

12. Permanent address:
Village: _____ Post-Office: _____
Thana: _____ Sub-Division: _____
District: _____ State: _____
Pin-Code: _____
E-mail ID: _____
Mobile Number: _____

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, hereby nominate the person(s) mentioned below / have acquired a family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020 (36 of 2020) 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).

OR

I, Shri / Shrimati / Kumari _____
(Name in full here) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on date _____ and recorded under your reference No. _____ dated _____ shall stand modified in the following manner:
(Strike out unnecessary portion)

Nominee(s)

S.No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Aadhaar No. of the nominee	Proportion by which the gratuity will be shared
1.					
2.					
3.					

DECLARATION

I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (33) of section 2 of the Code on Social Security, 2020 (36 of 2020).
I hereby declare that I have no family within the meaning of clause (33) of section 2 of the said Code.
(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 competent authority in terms of clause (33) of section 2 of the said Code.
Nomination made herein invalidates my previous nomination.

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)

Place: _____ Signature/Thumb-impression of the
Date: _____ Employee: _____

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-III filed by me and duly certified by the employer.

Date: _____

Signature of the Employee:

_____