



# MP POWER GENERATING COMPANY LTD.

## Payment of Gratuity Act - 1972

### FORM 'F'

See sub-rule (1) of Rule 6

#### 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, 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 a/are 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.			
2.			
3.			
4.			
.			
So on.			

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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### **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.

\_\_\_\_\_  
\_\_\_\_\_

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### **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

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

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# MP POWER GENERATING COMPANY LTD.

## Payment of Gratuity Act - 1972

### FORM 'G'

See sub-rule (3) of Rule 6

#### Fresh Nomination

To,

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

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I, Shri/Shrimati \_\_\_\_\_

(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 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 a/are member(s) of my 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.

#### 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.			

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**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: \_\_\_\_\_

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**Declaration by witnesses**

Fresh nomination signed/thumb-impressed before me.

Name in full and full address of witnesses.

Signature of Witnesses.

1. \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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**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. \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Employer/Officer authorised.

Designation \_\_\_\_\_

Name and address of the establishment or  
rubber stamp there of. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**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.

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



# MP POWER GENERATING COMPANY LTD.

## Payment of Gratuity Act - 1972

### FORM 'H'

See sub-rule (4) of Rule 6

#### Modification of Nomination

To,

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

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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-

(Here give details of the modifications intended)

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#### 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. Address in full \_\_\_\_\_

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Place: \_\_\_\_\_

Signature/Thumb-impression of the  
Employee

Date: \_\_\_\_\_

**Declaration by witnesses**

Modification of nomination signed/thumb-impressed before me.

Name in full and full address of witnesses.

Signature of Witnesses.

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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**Certificate by the Employer**

Certified that the above modification have been recorded.

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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**Acknowledgement by the Employee**

Received the duplicate copy of the notice for modification in Form 'H' filed by me on \_\_\_\_\_  
duly certified by the employer.

Date: \_\_\_\_\_

Signature of the Employee.

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**Note.**—Strike out the words not applicable.





# MP POWER GENERATING COMPANY LTD.

## Payment of Gratuity Act - 1972 FORM 'I'

See sub-rule (1) of Rule 7

### Application of Gratuity by an Employee

To,

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

Sir/Gentlemen,

I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of Section 4 of the Payment of Gratuity Act, 1972 on account of my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease with effect from the \_\_\_\_\_ Necessary particulars relating to my appointment are in the establishment given in the statement below.

### Statement

1. Name in full \_\_\_\_\_
2. Address in full \_\_\_\_\_
3. Department/Branch/Section where last employed \_\_\_\_\_
4. Post held with Ticket No., or Serial No., if any \_\_\_\_\_
5. Date of appointment \_\_\_\_\_
6. Date and cause of termination of service \_\_\_\_\_
7. Total period of service \_\_\_\_\_
8. Amount of wages last claimed \_\_\_\_\_
9. Amount of gratuity claimed \_\_\_\_\_

I was rendered totally disabled as a result of---

(Here give the details of the nature of disease or accident) \_\_\_\_\_

The evidences/witnesses in support of my total disablement are as follows:--

(Here give details) \_\_\_\_\_

Payment may please be made in cash/open or crossed bank cheque.

As the amount of gratuity payable is less than rupees one thousand, I shall request you to arrange for payment of the sum to me by Postal Money Order at the address mentioned above after deducting postal money order commission therefrom.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Yours faithfully,  
Signature/Thumb-impression of the applicant  
employee.

**Notes.**—(1) Strike out the words not applicable.  
(2) Strike out paragraph or paragraphs not applicable.



# MP POWER GENERATING COMPANY LTD.

## Payment of Gratuity Act - 1972

### FORM 'J'

See sub-rule (2) of Rule 7

#### Application for Gratuity by a Nominee

To,

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

Sir/Gentlemen

I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of Section 4 of the Payment of Gratuity Act, 1972 as a nominee of late (Name of the employee) \_\_\_\_\_ who was an employee of your establishment and died on the \_\_\_\_\_. The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on \_\_\_\_\_ /retirement or resignation of the aforesaid employee on \_\_\_\_\_ after completion of \_\_\_\_\_ years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the \_\_\_\_\_

Necessary particulars relating to my claim given in the Statement below:

#### Statement

1. Name of applicant nominee \_\_\_\_\_
2. Address in full of the applicant nominee \_\_\_\_\_  
\_\_\_\_\_
3. Marital status of the applicant nominee (unmarried/married/widow/widower) \_\_\_\_\_
4. Name in full of the employee \_\_\_\_\_
5. Marital status of employee \_\_\_\_\_
6. Relationship of the nominee with the employee \_\_\_\_\_
7. Total period of service of the employee \_\_\_\_\_
8. Date of appointment of the employee \_\_\_\_\_
9. Date and cause of termination of service of the employee \_\_\_\_\_
10. Department/Branch/Section where the employee last worked \_\_\_\_\_
11. Post last held by the employee with Ticket or Serial No., if any \_\_\_\_\_
12. Total wages last drawn by the employee \_\_\_\_\_
13. Date of death and evidence/witness as proof of death of the employee \_\_\_\_\_
14. Reference No. of recorded nomination if available \_\_\_\_\_
15. Total gratuity payable to the employee \_\_\_\_\_
16. Share of gratuity claimed \_\_\_\_\_

2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.
3. Payment may please be made in cash/crossed or open bank cheque.
4. As the amount payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by postal money order at the address mentioned above after deducting Postal Money Order commission therefrom.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Yours faithfully,  
Signature/Thumb-impression of the applicant  
employee.

**Notes.—**(1) Strike out the words not applicable.  
(2) Strike out paragraph or paragraphs not applicable.



# MP POWER GENERATING COMPANY LTD.

## Payment of Gratuity Act - 1972

### FORM 'K'

See sub-rule (3) of Rule 7

#### Application for Gratuity by a Legal Heir

To,

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

Sir/Gentlemen,

I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of Section 4 of the Payment of Gratuity Act, 1972, as a legal heir of late (Name of the Employee) \_\_\_\_\_ who was an employee of your establishment and died on the \_\_\_\_\_ without making any nomination. The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on the \_\_\_\_\_ retirement or resignation of the aforesaid employee on the \_\_\_\_\_ after completion of \_\_\_\_\_ years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the \_\_\_\_\_. Necessary particulars relating to my claim are given in the Statement below:

#### Statement

1. Name of applicant legal heir \_\_\_\_\_
2. Address in full of applicant legal heir \_\_\_\_\_  
\_\_\_\_\_
3. Marital status of the applicant legal heir (unmarried/married/widow/widower) \_\_\_\_\_
4. Name in full of the employee \_\_\_\_\_
5. Relationship of the applicant with the employee \_\_\_\_\_
6. Religion of both the applicant and the employee \_\_\_\_\_
7. Date of appointment and total period of service of the employee \_\_\_\_\_
8. Department/Branch/Section where the employee worked last \_\_\_\_\_
9. Post last held by the employee with Ticket or Sl. No., if any \_\_\_\_\_
10. Total wages last drawn by the employee \_\_\_\_\_
11. Date and cause of termination of service of the employee (death or otherwise) \_\_\_\_\_
12. Date of death of the employee and evidence/witness in support thereof \_\_\_\_\_
13. Total gratuity payable to the employee \_\_\_\_\_
14. Percentage of the gratuity claimed \_\_\_\_\_
15. Basis of the claim and evidence/witness in support thereof \_\_\_\_\_

2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.
3. Payment may please be made in cash/open or crossed bank cheque.
4. As the amount payable is less than Rupees one thousand, I shall request you to arrange for payment of the sum due to me by postal money order at the address mentioned above, after deducting Postal Money Order commission therefrom.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Yours faithfully,  
Signature/Thumb-impression of the applicant legal heir.

**Notes.—**(1) Strike out the words not applicable.