

**INDIAN STATISTICAL INSTITUTE**  
203 B. T. ROAD, CALCUTTA-700035

**NOMINATION**

For Gratuity under  
The Payment of Gratuity Act, 1972

To  
The Director,  
Indian Statistical Institute,  
203, B. T. Road,  
Calcutta-700 035.

I, Shri/Shrimati/Kumari.....  
(name in full here in block letters)

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 the 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 in para 6 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)**

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 Roll No.....
  7. Date of appointment.....
  8. Permanent address.....
  9. Village..... Thana..... Sub-Division.....  
Post Office..... District..... State.....
- 

Place.....

Signature/Thumb-impression of the Employee

Date.....

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**Declaration of Witnesses**

Nomination signed/thumb-impressed before me.

Signature of witnesses

Name in full with Roll No. and address 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.

Employers 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 field by me and duly certified by the employer.

Date.....

Signature of the Employee