

# Payment of Gratuity (Central) Rules

## 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\_\_\_\_\_and recorded under your reference No.\_\_\_\_\_

(date)\_\_\_\_\_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:\_\_\_\_\_

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### 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 nomination 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.