

Payment of Wages (Nomination) Rules, 2009

FORM – I

Nomination and Declaration Form

(See Rule 3)

1. Name of Person making Nomination :
2. Father's/Husband's Name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Address :
Permanent :
Temporary :

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my death.

Name of Nominee/ nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. Certified that my father/mother is / are dependent on me.
3. Strike out whichever is not applicable.

Signature or thumb impression
of the employed person

CERTIFIED BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri./Smt./Kum _____ employed in my establishment after he / she has read the entry / entries have been read over to him / her by me and got confirmed by him/her.

Signature of the employer or other authorised
Officer of the establishment and
Designation

Place:

Date:

Name and Address of the Factory/
Establishment and rubber stamp thereof