

(SEE RULE 62-A/62)
(FORM OF NOMINATION)

Name of fund -----Provident fund -----Name of fund -----

1- Name of Employee -----Surname -----

2- Sex-----Religion-----

3- Father's/ Husband's Name -----

4- Marital Status (Whether Married/Unmarried, widow or Widower)-----

5- Date of Birth-----

7- Permanent Address -----

Village -----State-----

I hereby nomination the person(s) mentioned below to received the amount that may stand to my Credit the P.F. Amount of gratuity in the event of my death before that amount become payable, has not been paid and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names:-

S. No.	Name and Address of Nominee or nominees	Nominees relationship with the Employee	Age of Nominee	Amount of share of accusation in the provident Fund / Amnt. Or share of gratuity to be paid to each nominee
1	2	3	4	5
i				
ii				
iii				
iv				

1. Certified that I have no family should I acquire a family her father, the above nomination should be deemed as cancelled.
2. Certified that my father/Mother/Sister(s) /Minor-brother (s) is/are dependent upon me.

Dated this -----Pay of -----at-----

Two Witness to Signature with Address

Signature of employee

1-----

2-----

Certified that the above declaration has been signed by Shri/Smt. -----
Before me after he/she has read the entries.

Date -----Signature of the Trustee or any person authorizing by the trustees in.

APPLICATION FOR EARNED LEAVE

- 1- Name :-----
- 2- Designation :-----
- 3- Period of Leave :-----
- 4- Period of Head Quarter Leave :-----
- 5- Purpose of Leave :-----
- 6- Leave Address :-----
:-----

Dated :-----

Signature of Employee

(Report of Concerning Department)

Mr./Mrs./Miss:-----has
Applied for ----- days-----Leave and his/her case May/May not
Be considered if leave due to him. During his absence Mr./Mrs./Miss-----
Will look after the work.

Dated: -----

Signature of Head/ I/c Department

(For the office use)

Mr./Mrs./Miss.:-----has applied for -----days Earned
Leave as mentioned above. He is due for -----days leave which may/may not be
sanctioned together with head quarter leave.

Signature of I/c Estt. Section

Head Clerk

-
- 1- Sanctioned-----days Earned Leave from -----to-----together
Head quarter leave.(As above)
 - 2- Mr./Mrs./Miss: -----will look after the work during his/her absence.

PRINCIPAL

Noted- by the staff going on leave. Noted by the staff. Who will look after the work.

Signature

Signature