



सेल SAIL

स्टील अथॉरिटी ऑफ इंडिया लिमिटेड

STEEL AUTHORITY OF INDIA LTD.

बोकारो स्टील प्लांट/ BOKARO STEEL PLANT

बोकारो स्टील सिटी/ BOKARO STEEL CITY

NOMINATION FOR THE PURPOSE OF GRATUITY

(See provisions under Rule 9.0 of SAIL Gratuity Rules)

Strike out words and/or paragraphs which are not applicable.

The Controlling Officer,

Dear Sir,

1. I Shri/Smt./Ms.(Name in full in block letters), Staff No....., Department....., son/wife/daughter of Shrihereby 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).
2. I hereby certify that the person(s) mentioned is/are member(s) of my family within the meaning of SAIL Gratuity Rules.
3. I hereby declare that I have no family within the meaning of SAIL Gratuity Rules.
4. I have acquired a family within the meaning of SAIL Gratuity Rules with effect from the(date)..... and therefore nominate afresh 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).
5. Nomination(s) made herein are in supersession of any previous nomination(s) made by me in this regard.

NOMINEE(S):

S.N.	Names in full	Aadhaar No.	Age of the nominee	Relationship with the Employee	Proportion in which the Gratuity is to be shared(%)

Signature/Left Hand Thumb Impression of the Employee



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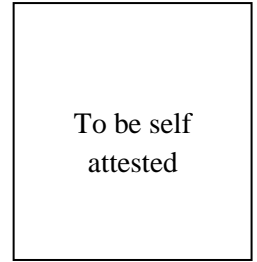
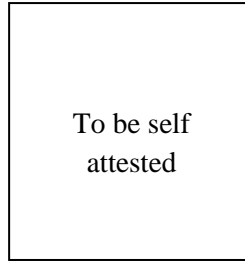
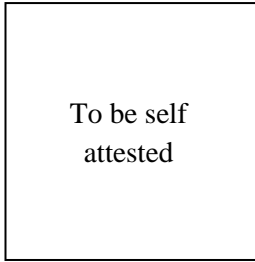
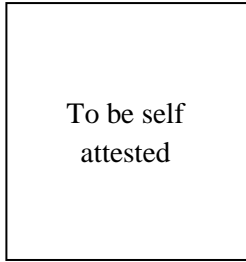
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NOMINATION FOR THE PURPOSE OF GRATUITY

PHOTOGRAPH OF NOMINEE(S) AS MENTIONED IN THE NOMINEES TABLE ABOVE



Name.....

Name.....

Name.....

Name.....

Certify that the above entries have been made by me/read out to me.

Signature/Left Hand Thumb Impression of the employee

Staff No./Department.....

Designation:-.....

Contact No.....

Date:.....

Place:.....

Appointment of Nominee signed/thumb impression affixed before me:

	Witness-1	Witness-2
Signature:		
Name in full:		
Full Address:		
Date:		
Place:		

FOR OFFICE USE ONLY

Particulars of the above Nominee(s) have been recorded in this establishment.

Signature of the Shop Personnel Executive

Name :.....

Designation :.....

Office Stamp:



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APPLICATION FOR THE GRANT OF GRATUITY

(See provisions under Rule 10.0 of SAIL Gratuity Rules)

(To be filled in separately by each Nominee/Legal heir in case of death of employee)

1.	Name / Staff No. of the Employee	
2.	Designation/Department of the Employee	
3.	Name of the Nominee/Legal Heir (in case of death of employee)	
4.	Mother's/Father's/Husband's Name of Employee/Nominee/Legal Heir	
5.	Permanent Residential Address and Contact Number with e-mail id, if any, of employee/Nominee/Legal Heir, as the case may be (proof of residence to be attached by Nominees/Legal Heir)
6.	AADHAAR Number of Employee/Nominee/Legal Heir (Self- attested copy to be attached in case of Nominee/Legal Heir)
7.	Date of Start of Service by Employee	
8.	Date of End of Service	
9.	Last Basic Pay & DA drawn	Basic Pay : Rs.
		DA : Rs.
10.	Declaration by Nominee/Legal Heir, if applicable. (Copy of the Legal Heir/Succession certificate to be attached).	<i>I, name of Nominee/Legal Heir son/daughter/wife/husband of name of employee (P.No.) hereby declare and undertake that I am a bonafide Nominee/Legal Heir of the aforesaid employee of SAIL and entitled to claim/apply for his/her gratuity from SAIL.</i> <i>I further undertake to refund the entire amount in case it is found at any stage that the claim made by me is false or illegitimate.</i>

Signature/LTI of the Employee/Nominee/Legal Heir

Date :

Place :



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APPLICATION FOR THE GRANT OF GRATUITY

PHOTOGRAPH OF NOMINEE(S) AS MENTIONED IN THE APPLICATION FORM

To be self
attested

To be self
attested

To be self
attested

To be self
attested

Name

Name.....

Name.....

Name.....

	Witness-1	Witness-2
Signature :		
Name in full :		
Full Address :
Date :		
Place :		