



West Zone Power Distribution Company Ltd.

GRATUITY

FORM OF NOMINATION

1. Name of the employee :
2. Designation :
3. Father's/Husband's Name :
4. Mother's Name :
5. Date of Birth :
6. Permanent address :
Village :
Post Office :
Telegraph Office :
District :
7. Date of joining the WZPDCL :
8. Membership No. :

I hereby nominate the person/persons mentioned below to receive the amount of gratuity as admissible to me under WZPDCL Rules in the event of my death and declare that the said amount shall be distributed among the nominee/nominees in the manner shown below against their names:

Name and address of nominee/nominees.	Relationship with the employees.	Age	Amount or share of gratuity to be paid to each nominee
1	2	3	4

Signature or left thumb impression
Of the employee with date.

Certified that the above declaration has been signed in my presence by.....after he has read the entry/entries have been read over to him by me.

Signature of the head of office.
Date.....

Note:- This nomination form should be furnished in duplicate, one to be sent to Finance Director, WZPDCL and other to the controlling officer.

To,

Secretary,

WZPDCL Employees Gratuity Trust