

FORM 36
(Prescribed under Rule 119)

Nomination for payment of wages in lieu of the quantum of leave to which he was entitled in the event of death of worker

I hereby nominate Sri..... Who is my..... And resides at.....as to receive the amount of the balanced of my wages in lieu of the quantum of leave not availed of, in the event of my death before resuming work.

Dated thisDay ofat.....

Witnesses:

1. Signature

Name :
Address :

2. Signature

Name :
Address

Signature of left thumb impression of the worker particulars of worker such as serial number in the register of adult/child workers, section or department

Date