

FORM - 22

Prescribed under Rule 118

NOMINATION FOR PAYMENT OF PAY DUE FOR PERIOD OF HOLIDAYS IN THE EVENT OF DEATH OF WORKER

I hereby require that in the event of my death before resuming work, the balance of my pay due for the period of holidays shall be paid to

.....
who is myand resides at

Witnesses : Attested.

Signature :

Signature or left hand thumb

impression of worker :

Name :

Designation :

Address :

Particulars of worker such

Signature :

as serial number in the
register of adult/child workers,
section or department, etc. :

Name :

Designation :

Address :

Date :