

FORM No. 25

(See rule 129)

**Nomination for payment of wages due for period of leave with  
wages in the event of death of worker**

I hereby nominate Shri. \_\_\_\_\_ who is my \_\_\_\_\_ and  
resides at \_\_\_\_\_ to receive the amount of the balance of my pay  
in lieu of the quantum of leave not availed of, in the event of my death before resuming work.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_

Witnesses :

(1) Signature :

Name :

Address :

(2) Signature :

Signature or left thumb  
impression of the worker

Name :

Address :

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

Date :