

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 :