

**FORM NO. 35**  
(Prescribed under Rule 100)

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 Shri ..... Who is my ..... and resides at ..... as to receive the amount of the balance of my wages in lieu of the quantum of leave not availed of, in the event of my death before resuming work.

Dated this ..... Day of ..... 19 ..... at .....

Witness

1. Signature

Name

Address

2. Signature

Name

Address

Signature or left thumb  
Impression of the worker

Particulars of worker  
(such as serial number in the  
egister of adult/child workers,  
section or department, etc.)

Date :