

# The Tamil Nadu Factories Rules

## FORM 34

(Prescribed under Rule 93)

### Nomination

I hereby required that in the event of my death before resuming work, the balance of my pay due for the period of leave with wages not availed of shall be paid to ARUNAN

who is my FATHER and resides at 573, RAMAIGUNDEN KOTTAI  
ENVAMANGALAM, ERODE, 638501, TAMILNADU

Witnesses:—

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Signature of Worker

