

FORM OF NOMINATION

FORM - V

(See Rule 18 of Appendix 'A' and Rule 12 of Appendix 'B')

(NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY)

When the employee has a family and wishes to nominate one member thereof.

I hereby nominate the person mentioned below, who is a member of my family, and confer on him the right to receive any gratuity that may be sanctioned by the College in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death :

Name and address of the nominee	Relationship with the employee	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address and relationship of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of the gratuity	Amount or share of Gratuity payable to each

This nomination supercedes the nomination made by me.

earlier on.....which stands cancelled.

Dated this.....day of20.....

Two witness to signature :

1.

2.

Signature of the employee

Note :- The last column should be filled in so as to cover the whole amount of Gratuity.

Nomination by.....

Designation.....

Department.....

Signature of the Principal

Dated :

FORM OF NOMINATION

FORM I

(See Rule 1 of Appendix 'A' and Rule 1 of ordinance)

When the subscriber has a family and wishes to nominate one member thereof.

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule 1 (c) to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable, has not been paid :

Name and address of the nominee	Relationship with with subscriber	Age	Contingencies on the happening of which the nomi- nation shall become invalid	Name address & Rela- tionship, if any to whom the right of the nominee shall pass in the event of the nomi- nee predeceasing the subscriber
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Dated this.....day of.....20.....

at.....

Two witness to signature

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Signature of the subscriber

1.

2.

Designation.....

Department.....