

## सामूहिक बीमा योजना नामांकन प्रपत्र

एतद्वारा निम्नलिखित व्यक्ति/व्यक्तियों को शासनादेश संख्या - सा-32105/दस-14/77 नामांकित दिनांक 26.12.19 में दी गई सूची के अनुसार मेरे परिवार का/के सदस्य है/हैं, मेरी सेवारत अवस्था में मृत्यु हो जाने पर सामूहिक बीमा योजना के अधीन देय धनराशि अथवा सेवा निवृत्ति के बाद उक्त योजना के अधीन मुझे प्राप्त होने वाली धनराशि को प्राप्त करने से पूर्व मृत्यु हो जाने की दशा में उक्त धनराशि प्राप्त करने हेतु नामित करता/करती हूँ :-

नामित व्यक्ति/व्यक्तियों का/के नाम व पूरा पता	कर्मचारी से सम्बन्ध	नामित व्यक्ति की आयु	प्रत्येक नामित व्यक्ति को देय अंश	आकस्मिकताएँ जिनके होने पर नामांकन अवैध हो जायेगा	उस व्यक्ति/व्यक्तियों के नाम व पते जिन्हें नामित व्यक्ति की मृत्यु की दशा में नामित व्यक्ति के अधिकार प्राप्त हो जायेंगे

दिनांक .....

स्थान ..... नाम

पता

साक्षी :

हस्ताक्षर सरकारी कर्मचारी/अधिकारी के हस्ताक्षर

1.

2.

पद

विभाग

# FORM OF NOMINATION (GPF/CPF)

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

I hereby nominate the person(s) mentioned below, who is/are a member(s) of my family as defined in rule 2 of the General Provident Fund (Uttar Pradesh) Rules, to receive the amount that may stand to my credit in the fund, in the event of my death before that amount become payable, or having become payable/has not been Paid.

Name & address of Nominee	Relationship with subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Full name, address & relationship of person if any to whom the right of the nominee shall pass in the event of his predecease the subscriber

Date this \_\_\_\_\_ day of \_\_\_\_\_ (year \_\_\_\_\_) at \_\_\_\_\_

Two witnesses to signature

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature of Subscriber

# FORM E NOMINATION FOR FAMILY PENSION

I hereby nominate the persons mentioned below, who are members of my family, to receive in the order shown below the Family pension which may be granted by Government in the event of my death after completion of 10 years qualifying service

Name and address of nominee	Relationship with officer	Age	Whether married or unmarried

**This nomination supersedes the nomination made by me earlier on which stands cancelled.**

**N.B. - The officer should draw lines across blank space below the last entry to prevent the insertion of any name after he signed.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (year \_\_\_\_\_) at \_\_\_\_\_

Witness to Signature

1.

2.

Signature of Employee

(To be filled in by the head of Office in the case of a non-gazetted officer)

Nomination by  
Designation  
Office

Signature of Head of Office  
Date  
Designation

FORM A  
**NOMINATION FOR DEATH - CUM RETIREMENT GRATUITY**

I hereby nominate the person(s) mentioned below, who is/are member(s) of my family, to receive in the order shown below the Death - cum Retirement Gratuity which may be granted by Government in the event of my death/after completion of qualifying service

Name and address of nominee	Relationship	Age	Whether married or unmarried

This nomination supercedes the nomination made by me earlier on which stands cancelled.

N.B. - The officer should draw lines across blank space below the last entry to prevent the insertion of any name after he signed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (year \_\_\_\_\_) at \_\_\_\_\_

Witness to Signature

1. \_\_\_\_\_ 2. \_\_\_\_\_ Signature of Employee

(To be filled in by the head of Office in the case of a non-gazetted officer)

Nomination by  
 Designation  
 Office

Signature of Head of Office  
 Date  
 Designation