सामूहिक बीमा योजना नामांकन प्रपत्र

एतद्द्वारा 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:—

वाली धनराशि को प्राप्त करने से पूर्व	मृत्यु हो जाने की	दशा में उ	उक्त धनराशि	प्राप्त करन हर्	नु नामित करता/ करता हू
नामित व्यक्ति/व्यक्तियों का/के नाम व पूरा पता	कर्मचारी से सम्बन्ध	नामित व्यक्ति की आयु	प्रत्येक नामित व्यक्ति को देय अंश	आकस्मिकताऐं 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
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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	Contigencies on the happening of which the nomination shall become invalid	Full name, address & relations person if any to whome the rithe nominee shall pass in the of his precedeasion the subsc	ght of
ate this	day of		(year_) , at	
wo witnessess to signature					
	2.			Signature of Subsc	riber

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 Whether married or unmarried

Name and address of nominee	Relationship with officer	Age	Whether married or unmarrie
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C. L. El. J	2.		Signature of Employ
(10 de illed in by th	ne head of Office in the	case of a non	gazetted officer)
			Aveened Officery
mination by			

Designation

Office

Date

Designation

Signature of Head of Office

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

Sovernment in the event of my of Name and address of nominee	Relationship	Age	Whether married or unmarried
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This nomination superseedes the	nomination made by	y me earlier on	which stands concelled.
N.B. – The officer should draw line	s across blank space b	elow the last en	try to prevent the insertion of any
^{name} after he signed. Dated this day	of (<i>y</i> ear)	at
Dated this day Witness to Signature	, oi	, can	
and signature			
<u>i</u>	2.		Signature of Employe
(To be filled in by th	ne head of Office in	the case of a no	on-gazetted officer)
Nomination by			Signature of Head of Office
Designation			Date Date
Office			Designation