

**NOMINATION FOR DEATH GRATUITY/RETIREMENT GRATUITY/LEAVE ENCASHMENT/GROUP
INSURANCE SCHEME**

I hereby nominate the persons mentioned below for :

A) DEATH GRATUITY/RETIREMENT GRATUITY

Sl. No.	Full name of the Nominee	Date of Birth	Relationship	Address	Share to each

B) LEAVE ENCASHMENT

Sl. No.	Full name of the Nominee	Date of Birth	Relationship	Address	Share to each

C) GROUP INSURANCE SCHEME

Sl. No.	Full name of the Nominee	Date of Birth	Relationship	Address	Share to each

Signature of two witnesses :

Witness I :
Date :
Name :
Designation :
Address :

Witness II :
Date :
Name :
Designation :
Address :

Signature of employee

Date :
Name :
Designation :
Section :
Marital Status :

The above nominations have been checked, accepted and kept in our records.

Administrative Officer-III (Administration)

REGISTRAR