NOMINATION FOR DEATH CUM-RETIREMENT GRATUITY

Form 1

[See C. C. S. (Pension Rules 1972) Rule 53 (1)]

When the C.S.D. Employee has a family and wishes to nominate one member or more than one member, thereof.

I hereby nominate the person/persons mentioned below who is/are member(s) of my family, and conter on him/ them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the C.S.D. in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death:-

Original nominee(s)				Alternative nominee(s)	
Names and Addresses of nominee/nominees	Relationship with the C.S.D. Employee	Age	Amount of share of gratuity payable to each +	Name, address, relationship and age of the person or persons if any to whom the right conferred on the nominee shall pasis in the event of the nominee predeceasing the CSD Employee or the nominee dying after the death of the CSD Employee but before receiving payment of gratuity.	Amount or share of gratuity payable to each ++
1	2	3	4	5	6

This nomination supersedes the nominatin made by me earlier on_____which stands cancelled.

Note : (i) The C.S.D. Employees shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this _____day of _____20 at_____

Witnesses to signature / Name and P. No.

1._____

2._____

Signature of C.S.D. Employee

Name _____

Designation _____

P. No. _____

Place : _____

Date : _____

Counter Signed by Managed

\+ This coloumn should be filled in so as to cover the whole amount of the gratuity.

++ This amount / share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).

(To be filled in by the Head of Office/Audit Officer)

Nomination by _____

Designation _____

Office _____

Signature of Head of Office / Audit Officer

Date _____

Designation _____

Note : The C.S.D. Employee is advised that it would be in the interest of his nominees if copies of the nomination and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of beneciciaries in the event of his death.

PROFORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM BY THE HEAD OF OFFICE/AUDIT OFFICER

To _____

_____

_____

Sir,

In acknowledging the receipt of your nomination dated the_____ /cancellation dated the _____of the nomination made earlier in respect of gratuity in Form _____ I am to state that it has been fully placed on record.

Place :_____

Date :_____

Signature of Head of Office / Audit Officer (Designation)

LTC
FORM - 2
DETAILS OF FAMILY PURPOSE OF LTC
AS PER S.R. 2(8)

Personal No. : _____

Name of the Government Employees : _____

Designation : _____

Date of Birth : _____

Date of appointrnent : _____

Details of Members of my Family As on : _____

Sr. No.	Name of the Members of my Family	Date of Birth	Age as on	Relation - ship with the officer	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby undertake to keep the above particulars up-to-date by notifying addition or alteration.

Place : _____

Dated : _____

Signature of Govt, Employees

SIGNATURE OF THE MGR./AGM./DGM

PS : This proforma should be duly filled in all respects and submitted to this office

DETAILS OF FAMILY

FORM - 3

(SEE RULE 54(12) CCS PENSION RULES - 1972)

Personal No. : _____

Name of the Government Employees : _____

Designation : _____

Date of Birth : _____

Date of appointrnent : _____

Details of Members of my Family As on : _____

Sr. No.	Name of the Members of my Family	Date of Birth	Relationship with the officer	Initial of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby undertake to keep the above particulars up-to-date by notifying to the audit officer/Head of Office any addition or alteration.

Place : _____

Dated : _____ Signature of Govt, Employees

- **Family for this purpose means :-**

A) Wife, in the case of a male Govt. Employees.
B) Husband, in the case of a female govt. Employees.
C) Sons below twenty five years of age and unmarried daughters below twenty five years of including such son or daughter adopted legally before retirement.

Note : Wife and Husband shall include respectively judicially separated wife and husband.

Canteen Stores Department

Form No. 7

Nomination for benefits under the Central Government Employees Group Insurance Scheme 1980.

When the Government servant has no family and wishes to nominate one person or more than one person

I, having no family, hereby nominate the person(s) mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and addresses of nominee/nominees	Relationship with Government servant	Age	+ Share of amount to be paid to each	Contingencies++ on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Govt. servant.
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					

Counter Signature
Manager/AGM/DGM

Dated, this day of 19 at

Signature of two witnesses

1.

Name _____ P. No. _____

2.

Name _____ P. No. _____

Signature of Government Servant

Name _____
(in block letter)

Designation _____

P. No. _____

H. O. Section _____

Depot _____

N. B. The Government servant should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

+ This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

++ Where a Government servant who has no family makes a nomination, he shall specify in this column that the nomination, shall become invalid in the event of his subsequently acquiring a family.

Canteen Stores Department

Form No. 8

Nomination for benefits under the Central Government Employees Group Insurance Schema 1980.

When the Government servant has a family and wishes to nominate one person or more then one person

I, hereby nominate the person(s) mentioned below, who is/are member(s) of my family, and confer on him/ them the right to receive to the extent specified below any amount that may be sanctioned by the Central Government under the Central Government Employes Group Insurance Scheme, 1980 in the event of my death while in service or which become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and addresses of nominee/nominess	Relationship with Government Servant.	Age	Share of amount to be paid to each	Contingericies* on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predecessing the Govt. Servant.
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					

Counter Signature
Manager/AGM/DGM

Dated, this day of 20 at

Signature of two witnesses

1.

Name _____ P. No. _____

2.

Name _____ P. No. _____

Signature of Government Servant

Name _____
(in block letter)

Designetion _____

P. No _____

H. O. Section _____

Depot. _____

N. B. The Government servant should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

** Where a Government servant who has no family makes a nomination, he shall specify in this coloumn that the nomination, shall become invalid in the event of his subsequently acquiring a family.