

FORM OF NOMINATION- II

Account No., I,..... hereby nominate the person(s) mentioned below who is/are Member(s) Non-member (s) of my family [as defined in Para 4 [f] of the West Bengal Recognised Non.Government Educational Institution Employees (Management of General Provident Fund Accounts) Scheme, 1995] to receive the amount that may stand to my credit in the fund as Indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s)	Relationship with the subscriber	Age of the Nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, address and relationship of the persons(s), if any, to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in rule 2, indicate the reasons.

Dated this day of20..... at

Two witnesses for signature.

Name and address

Signature

Signature of the subscriber.....

1.

Name in Block Letters.....

2.

Designation.....

Space for use by the Head of Office

Nomination by Shri/Smt./Kumari

Signature of Head of the Institution.....

Designation

Designation

Date of receipt of nomination

Date

ENCLOSURE-‘D’

NOMINATION FOR PAYMENT OF DEATH-CUM-RETIREMENT GRATUITY

(To be furnished by the Employee)

I, hereby nominate the person mentioned below, who are members of my family, and confer on them the right to receive, to the extent specified below, any gratuity that may be sanctioned by Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity with having become admissible to me on retirement my remain unpaid at my death:

Name and Address of Nominees	Relationship with employee	Age	Amount of share of gratuity payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person of persons, if any, to whom the right conferred on the nominees shall pass in the event of the nominee pre-deceasing the employee or the nominee dying after the death of the employee but before receiving payment	Amount of share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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

.....

Dated this day of 20.....

(Signature of Employee)

Witness to Signature:

(1).....

(2).....

- Note:
- (1)

The employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
- (2)

Fourth column should be filled in so as to cover the whole amount of gratuity.
- (3)

The amount / share of gratuity shown in last column to cover the whole amount/share payable to the original nominee.

Signature of Head of Office
(Office Seal)

ENCLOSER – ‘E’
The payment of Arrear of Pension (Nomination)
[To be furnished by the Employee]

Pension Disbursing authority /Head of Office

Name of Bank/Treasury/Accountant-General, West Bengal

(Place)

I here by nominate the person named below under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1986

Name and address of nominee	Relationship with pensioner	Date of birth	If nominee is minor name and address of persons who may receive the said pension during the nominee's minority	Name & Address of other nominee in case the nominee under Column (1) Predeceases the pensioner.	Relationship with pensioner.	Date of birth if the other nominee is minor	Name & Address of person who may receive the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8	9

Place..... Date.....

Witness: (Signature, Name & Address)

.....

Signature (or thumb impression if illiterate) and name of pensioner and address

Accepted:

Seal

Signature of the Pension Disbursing Authority /Head of Office

Acknowledgement to be sent by the Pension Disbursing Authority/H.O.

Certified that application/nomination has been received from Sri/Smt.....
(Name Of the Person)

Whose address is

Signature of the Pension Disbursing Authority/H.O. Full Address

Date Place