

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 W.B. 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 (s)	Contingencies on the happening of which the nomination will become invalid	Name, address and relationship of the person or persons, 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 para-4 (f) indicate the reasons
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Dated this day of, at

Two Witness to Signature:

Name and Address

Signature

(1)

(2)

Signature of Subscriber:

Name in block Letters:

Designation:

Space for use by the Head Office

Nomination by Sri/Smt./Kumari.....

Designation:

Signature of Head of Institution

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 which having become admissible to me on retirement may 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 or persons, if any, to whom the right conferred on the nominee 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)

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

Dated this day of, at

Witness to Signature:

(1)

(2)

(Signature of Employee)

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 % at 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.

*Strike out if not applicable

Date:

Signature of Head of Office (with Office Seal)

THE PAYMENT OF ARREARS OF PENSION (NOMINATION) RULES, 1986

FORM-A

SEC. RULE 5(1)

Pension Disbursing Authority/ Head of Office
Name of Bank/Treasury/Accountant General, West Bengal

(Place)

I, (Name of the Pensioner in Capital Letter) hereby nominate the person named below under rule-5 of the payment of Arrear of Pension (Nomination) Rules, 1968.

Name and Address of the Nominee	Relationship with Pensioner	Date of Birth	If nominee is minor name and address of pensioner who may receive the said Pension during the nominee's minority	Name and Address of other nominee in case the nominee under 601(1) pre-deceases the Pensioner	Relationship with Pensioner	Date of Birth if the other nominee is minor	Name and 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:

Witness:

Signature, Name and Address:

Signature

(or thumb impression if illiterate) and Name of Pensioner and Address