INFORMATION FOR DEATH/RETIREMENT GRATUITY

(When the 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 confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Institute 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:

<table>
<thead>
<tr>
<th>Original nominee (s)</th>
<th>Alternate nominee (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and address of nominee/nominees</td>
<td>Relationship with the employee</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

* This column should be filled in so as to cover the whole amount of the gratuity.

** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).
This nomination supersedes the nomination made by me earlier on .................................................. which stands cancelled.

Note: (i) The employee 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 .................................................................................................................................

Signature of employee

Roll No.

Witnesses to Signature:

(1) Signature in full with date .........................................................................................

Name and Roll No. ...........................................................................................................

(in block letters)

Designation ....................................................................................................................

Section/Unit ....................................................................................................................

(2) Signature in full with date .........................................................................................

Name and Roll No. ...........................................................................................................

(in block letters)

Designation ....................................................................................................................

Section/Unit ....................................................................................................................

(To be filled in by the Drawing and Disbursement officer, New Pension Scheme)

Nomination by .................................................................

Roll No. .................................................................

Designation .................................................................

Office/Section/Unit/Centre .................................................................

Signature of
Drawing and Disbursement officer,
New Pension Scheme

Date .................................
Pro forma for acknowledging the receipt of the
nomination form by the Head of Office

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 duly placed on record.

Place ........................................
Dated the ........................................

Signature of DDO, N.P.S

Designation ........................................

NOTE. - The Government servant is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.