FORM 1 [See Rule 53 (1)] Nomination for Retirement Gratuity/Death Gratuity

When the Govt. servan thereof.	t has a family ar	nd wishe:	s to nominate one m	ember and more then one member,	
is / are member(s) of r any gratuity the payme	ny family, and c ent of which ma he right to rece	confer on ty be aut ive on m	him/then the right the horized by the central death, to the extension	the person/persons mentioned below who to receive to the extent specified below, all Government in the event of my death ent specified below, any gratuity, which at my death:	
	Original nomine	ee(s)		Alternate nominee(s)	
Names and address of nominee / nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable To each	Name, Address, Relationship and age of person or persons, if any, to whom the right conferred on the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	
	A STEEL S				
onDated this	which stands c	ancelled.		ne nomination made by me earlier	
Witnesses to signature 1 2		To be fill	ed by the Head of o	Signature of Government servant	3
		io de IIII	od by the read of or	mee)	

Nomination by

Designation Office.

Signature of Head of office

Date.....
Designation.....

Form 1

Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following;

- i. any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Name, date of birth (DOB) and address of the nominee	Relation-ship with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/ pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	. 3	4	5	6	7	8
			. *.				
							<u>.</u>
		Same and the same					. ,

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant Telephone No.

Note 1: Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

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

1.

2.

3.

R	eceived the nominations, dated, under the following Rules:—
1.	Central Civil Services (Pension) Rules, 1972 for Gratuity
2.	General Provident Fund (Central Services) Rules, 1960
3.	Central Government employees Group Insurance Scheme, 1980
	made by Shri/Smt./Kumari
	Designation
	Office
	(Strike out which nomination is not received)
	Entry of receipt of nomination(s) has been made in pageVolumeof Service Book.
	Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal
	Date of receipt
	The receiving Officer will fill the above information and return a duly signed copy of the complete
	Form to the Government servant who should keep it in safe custody so that it may come into the
	possession of the beneficiaries in the event of his/her death.
	7
	The receiving officer shall put his/her dated signature on both pages of this Form.

RAMJAS COLLEGE: GENERAL DECLARATION FORM

1	•	Name	of the	Employee	Ď.	:
---	---	------	--------	----------	----	---

2. Department :

3. Designation :

4. Aadhar Card Number (Unique Identification)

5. Qualification :

6. Marital Status :

7. Hometown Declaration

8. Declaration of Family Dependents:

S. No.	Name	Relation with Employee	Age	Gender Male/Female
1	č.			
2	A.			
3				
4	·			
5				
6	ξ. Έ			
7	46			

9. Self Attested Family Photograph:

(Paste Here)

10. Signature of the Employee

FORM 3 [See rule 54 (12)] Details of Family

- 1. Name of the Employee
- 2. Designation
- 3. Date of birth
- 4. Details of the members of family as on-----

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	d					
2.		į				
3.		<i>S.</i>				
4.		-				
5.		a	* · @			
6.						
7.						
8.		. ;				
9.						
10.						

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

Signature of Employee

Place:

Date:

Note 1. – The original Form submitted by the Employee is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Employee should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

FORM

HOME TOWN DECLARATION

[OM No. 43/15/57-Estts. (A) dated 24-6-1958]

l,	hereby declare that my home town is at
the place as shown below for the	purpose of availing my self of the Travel
Concession as notified in the Govt.	of India, Ministry of Home Affairs, New Delhi
O.M. No. 43/1/55/Estts - (A) Part-I	I dated 11-1-1956 conveyed vide Secretary
(Finance) to the Delhi Administration	endorsement No. F 13(3) / 54 / Finance dated
22-12-1956.	

Name of State	Name of the District	Name of the Village	Name of the Railway station	Remarks
1.	2.	3.	4.	5
1				
	-			

Signature of the Employee

FORM OF NOMINATION FORM II

When the Subscriber has a family and wishes to nominate more than one member thereof.

I hereby nominate the persons mentioned below, who are members of my family as defined in Clause 1(c) (i) of Statute 28-A to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable, has not been paid:

Name and addresses of the nominees.	Relationship with subscriber.	Age	*Amount of share of accumulation to be paid to each.	Contingencies on the happening of which the nomination shall become invalid.	Name, address & relationship, if any, to whom the right of nominee shall pass in the event of the nominees predeceasing the subscriber.

Dated this day of	20
at	
Two Witnesses to Signature:	(Signature of the Subscriber)
1:	Designation
2	Department

*Note: column should be filled in so as to cover in the whole amount that may stand to the credit of the Subscriber in the Fund at any time.

FORM OF FAMILY PENSION FORM IX

	Subject:-	Payment of Family Pe	ension in respect of Late S	Shri/Smt	
under	gnation	***************************************	in this Univers	sity and is directed to inform y Family Pension for life/till attain	ou that
in the		ngly to suggest that form along with the following		amily pension may be submitted	by you
1.	Death Certifi	icate.			
2	Two copies of	of a passport size photog	graph duly attested by a ga	azetted officer.	
3.	Guardianship	certificate where pensi	on is admissible to the mi	nor.	
		:			
				(Designation)	
То					
ŧ					
		*			
91.54			,		
N, '					
		-4			
*Whe	ere family pens	ion is admissible to the	minor children.	•	•

FORM VI

Nomination for Gratuity

When the member of staff has a family and wishes to nominate more than one member thereof.

I hereby nominate the persons 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 the University 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 addresses of the nominees.	Relationship with the Employee.	Age	Amount of share of Gratuity payable to each.	Contingencies on the happening of which the nomination shall become invalid.	Name, address & relationship of the person or persons, if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the Employee but before	Amount of share of Gratuity payable to each
* 1					receiving payment of the Gratuity.	

This	nomination	supersedes	the	nomination	made	by	the	earlier	on
 		which s	tands o	ancelled.					

	rtion of any name after h	he has signed.	
Dated this		day of20	
at		***************************************	
	4		
	3	· · · · · · · · · · · · · · · · · · ·	
Two	Witnesses to Signature:	(Signature of the Subscribe	r)
1			
2			
Note: (1)	Fourth column should	d be filled in so as to cover the whole amount of gratuity.	
(2)	The amount/share of g payable to the original	gratuity shown in last column should be the whole amount/share al nominees.	
v = 0 0			
Designation		·······	
Department		······································	
Department.		₹	
		(Signature of Registra	ır)
Denartment		Dated	
Department.	······································	Dated	••
4 8 6	:		
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A. 94 .			
a sisili me Tarih m			
	1.		
	·		
	4		

KAMUAD COLLEGE, DELLII

FIRST SCHEDULE

I, when the Subscriber has a family and wishes to nominate the member thereof, I hereby nominate the person mentioned below, who is a member of family as defined in Rule 2 of the Provident Fund Rule of the Ramjas College, Delhi University, to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, for having become payable, has not been paid:

Name & address of the nominee	Relationship with Subscriber	Age	Contingencies happening of the nomination	which	relation	address and ship of the , if any to	
			become invalid		whom the nor pass in his pre	the right of minee shall the event of deceasing oscriber	
	9 0 1 1						
Dated, this	day	of		20_	at		
Two witnesses to S							
1							
2.				Si	gnature	of subscriber	
II. When the subsc		and wis	shes to nominat		_		
and direct tha	ount has become t the said amoun below against nar	t shall					
Name & address of the nominee	Relationship with Subscriber	Age	*Amount or share of accumulation to be paid to each	on the happen which to nomina	ing of he ition	& relationshi of the person if any to who the right of the	p , m ne
				shall be invalid	ecome	nominee shall pass in the event of his predeceasing the subscribe	
Dated, this	day	of	L	20 _	a	t	
Two witnesses to S	Signature						
2				S	ignature	of subscriber	
					-		

^{*} Note: this Column should be filled in so as to cover the whole amount that may stand to the subscriber in the Fund at any time.

OLCOND OCHLOCH

I when the Subscriber has no family and wishes to nominate one person.

Relationship

Name & address

I having no family as defined in Rule 2 of the Provident Fund Rule of the Ramjas College, Delhi University, hereby nominate the person mentioned below, to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable, has not been paid:

Age

Contingencies on the

Name, address and

of the nominee with Subscriber			the nomination become invalid	shall	person, if any, to whom the right of		
			become invalid		the non pass in his pred	ninee shall the event of deceasing	
	,				the sub	scriber	
Dated, this	day o	of		20	at		
Two witnesses to S	ignature						
1							
2				Si	gnature	of subscriber	
II. When the subsc:	riber has a family a	and wi	shes to nominat	e more	than one	e person.	
that may stand become payable	y, hereby nominat to my credit in the e, or having become uted among the sa	Fund e paya	in the event of roble has not been sons in the man	ny death and dir ner show	n before that wn below	that amount has the said amount against names:	
Name & address of the nominee	Relationship with Subscriber	Age	share of on the		ation ecome	Name, address & relationship of the person, if any to whom the right of the nominee shall pass in the event of his	
						predeceasing the subscriber	
						the subscriber	
						, i	
Dated, this	day	of		20	at		
Two witnesses to S	ignature						
1.							

^{*} Note: this Column should be filled in so as to cover the whole amount that may stand to the subscriber in the Fund at any time.

^{**} Note: Where a subscriber 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.