# Government of India Ministry of Personnel, Public Grievance & Pension (Department of Personnel & Training)

## LAL BAHADUR SHASTRI NATIONAL ACADEMY OF ADMINISTRATION MUSSOORIE-248 179

## ACCOUNT SECTION

1.	Name in full: PEDDITI DHATR	1 REDDY (Block Letters)	
2.	Service to which you belongs IAS		
3.	Date of Joining 12.10.2020	(Forenoon/Afternoon)	
4.	Whether you are a fresh Traineeor a Departmental candidate who will be receiving salary from his parent department.	FRESH TRAINEE	
5.	If you are a Departmental candidate,: please indicate the name & address of your Department from whom you will be receiving your Salary during Foundational Course.		
6.	Were you earlier also a member of Central Govt. Employees Insurance Scheme? If so, the amount of mouthly subscription payable by you and the name and address of the office maintaining account of Group Insurance Scheme.		The second second

Date 12.10 2020

Signature of Trainee

### Form No.7 {See Para. 19.7}

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. PEDDITI DHATRI REDDY having no family, hereby nominate the person/persons 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 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.

Names(s) and address(es) 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 (5)	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 Government servant (6)
1. P SUSHEELA	MOTHER	51	100:/.		P KRISH NA REDDY , FATHER
3.	d				

Dated this 12th day of OCTOBER 200 at MUSSOORIE

Two witnesses to signature:

1.

, P SUSHEELA

2. P. Bloog

P KRISHNA REDDY

Signature of Government Serva to Name PEDDITI DHATRI REDDY Designation IAS PROBATIONER

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

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

<sup>\*\*</sup> The Government Servant shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

#### FORM NO.8 {SEC.PARA 19.7}

NOMI NATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES GROUP INSURANCE SCHEME, 1980

When the Course	40		/	
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I,	••••••••	/.	herel	by nominate the person
persons mentioned	below who is/ are	e member(s	) of my family	and confer on him/her the
right to receive to	the extent speci	fied below	any amount t	that may be canctioned by
Central Governme	nt under the Centr	al Governm	ent Employee	s Group Insurance Scheme
1980 in the event	of my death while	e in service	or which hav	ing become payable on my
attaining the age of	f superannuation m	av remain	unnaid at my d	eath
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Names(s) and address(es) of	Relationship Age	1 577	Contingencies	Name, address and
nominee/ nominees	Government	amount to	** on the	relationship of the
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Dated this	day of		200 at	
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Two witnesses to S	ignature /			
With name, design	ation, emp.code)			
1./				
1	/ .			
2.				
				Signature of Govt. Servant
			Name	
	/			
/			G	

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

<sup>\*</sup> This column should be filled in so as to cover the whole amount may be payable under the Insurance Scheme.