

FORM - 3 [See Rule 54 (12)]
DETAILS OF FAMILY

1. NAME OF THE GOVT. SERVANT:

2. DESIGNATION :

3. DATE OF BIRTH :

4. DATE OF APPOINTMENT :

DETAILS OF MEMBERS OF MY FAMILY AS ON *

S. No.	Name of the member of the family	Date of Birth	Relationship with the officer	Initials of the Head of office	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					

I hereby undertake to keep the above particulars upto date by notifying to the Audit officer/Head of office any additions or alteration.

SIGNATURE OF THE GOVT. SERVANT

PLACE :

DATE :

* Family for this purpose means family as defined in clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules - 1972.

Note : Wife and husband shall include respectively judicially separated wife and husband.

FORM-D

NOMINATION OF DEATH - CUM - RETIREMENT GRATUITY

When the officer has a family and wishes to Nominate more than one person

I, having a family, hereby nominate the persons mentioned below and confer on them the right to receive to the extent specified below, any gratuity that may be sanctioned by the Central Govt. in the event of my death. :-

Name and address of Nominee	Relationship with officer	Age	Amount of share of gratuity payable to each	Contingencies on the happening of which of the nomination shall become invalid	Name address & relations of the persons if any, to which the right conferred on the nominee shall pass in the event of the nominee predeceasing the officer

Nb. The officer should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this _____ day of _____
at _____

Witness to signature.

1.

2.

Signature of officer.

Note : This column should be filled in so as to cover the whole amount of gratuity (To be Filled by the Head of office in case of a non-gezzetted officer)

Nomination by _____

Designation _____

Office _____

Signature of Head of Office.

Countersigned

FORM-V

NOMINATION FOR BENEFITS THE CENTRAL GOVERNMENT EMPLOYEES INSURANCE SCHEME

When the Government servant has a family and wishes to nominate one member or more than one member thereof.

I here by nominate the person(s) mentioned below who is/are member(s) of my family, and confer on him/them the right to receive the extent specified below any amount that may be sanctioned the Central Government under the Central Government Employee Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of 35 years may remain unpaid at my death.

Name and addresses of Nominee/nominees	Relationship with Government Servant	Age

Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name address and relationship of the person if any, to whom the right the nominee shall pass in the event of his predeceasing the Govt. Servant

NB.: 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.

Deated this _____ day of _____ at _____

Signature of two witnesses.

1)

2)

Signature of the Government
Servant

This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM OF NOMINATION

I _____ hereby nominate the person(s) mentioned below who is/are on-members of my family as defined in rule 2 of the Central Provident Fund (Central Services) 1960 to receive the amount that may stand to my credit in the Fund as indicated below in the event of death before that amount has become payable or having become payable has not been paid

Name & Full address of Nominees (s)	Relationship with the Subscriber	Age of the Nominee	Share Payable to each Nominee	Contingencies on the happening of which the nomination will become invalid	Name, address & relationship of the person(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

Date : _____ Station : _____
 Witness to signature
 Name & Address : _____

Signature

Signature of the Subscriber
 Name in Block Letters

Designation : _____