

FORM – I
NOMINATION AND DECLARATION FORM
 (See Rule 3)

1.	Name of person making nomination	
2.	Father's / Husband's name	
3.	Date of Birth	
4.	Gender	
5.	Marital Status	
6.	Permanent Address:	Temporary Address:

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event to my death.

Name of the nominee/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)	(6)
				%	
				%	
				%	
				%	
				%	

Check the box, whichever is applicable.

1. ☐ Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. ☐ Certified that my father/mother is/are dependent upon me.

Date : _____

Place : _____

Signature or thumb impression of
the employed person

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum _____ employed in my establishment after he/she has read the entry/entires have been read over to him/her by me and got confirmed by him/her

Date : _____

Place : _____

**Signature of the employer or other authorised officer
of the establishment and Designation**

Regd. office:
Novartis Healthcare Private Limited
Inspire BKC, Part of 601 & 701,
Bandra Kurla Complex, Bandra (East)
Mumbai – 400 051