

Bosch Limited

**GROUP PERSONAL ACCIDENT
INSURANCE NOMINATION FORM**



BOSCH

I, Mr./Ms. Sandeep Chowdhury

(Name of the employee in full)

(E.No. 35276129 / Dept. 50203344) whose particulars are given in the statement below, hereby nominate and authorise the person(s) as detailed below to receive the Group Personal Accident Insurance benefits, which amount includes and covers the compensation, wherever payable under the Employees' Compensation Act, in case of my death due to an accident while in service. I desire and direct that the benefits out of Group Personal Accident Insurance/Employees' Compensation Act, if accrues, be paid in proportion as indicated against the name(s) of nominee(s) below.

I hereby declare the person(s) mentioned below is/are nominated to receive the amounts in proportion, as mentioned against the name(s) of the nominee(s).

NOMINATION

SL. No.	Name in full and address of the Nominees in capital letters	Relationship with the employee	Age of the nominee	Proportion in percentage

In case of Minor Nominee(s), please furnish the Guardian's details below:

Name and Address	Guardian's Father's/ Husband's Name	Age	Relationship with the Minor Nominee(s)
Specimen Signature of Guardian			

STATEMENT

I hereby declare that this nomination is made after due consideration and after taking into account all aspects and that payments made to the nominee(s) as indicated above, shall be valid and in complete discharge of all obligations and / or liabilities of the Company arising therefrom:

Name of the employee in full :	Sandeep Chowdhury
E. No. : 35276129	Residential Address
W.. / Dept. : 50203344	
RC-M / DH. :	
Sex : Male	
Religion : Hindu	
Date of joining : May 3, 2023	Tel. No. :
Place : Nashik	Signature of the employee:
Date : May 2, 2024	

DECLARATION BY WITNESSES

Co-employees

Nomination signed before me			Signature of Witness
1.	Name :		
	E. No. :	W.. / Dept. :	
	Bosch Limited,		
2.	Name :		
	E. No. :	W.. / Dept. :	
	Bosch Limited,		

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nomination have been verified and recorded.

Authorized Signatory

Designation:

Bosch Limited

Place :

Date :

ACKNOWLEDGEMENT BY THE EMPLOYEE

Received the duplicate copy of the nomination filled and filed by me, duly certified by the employer.

Place :

Date :

Signature of Employee :