

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

FORM - 14

Nomination for General/Contributory Provident Fund

[Please delete whichever is not applicable]

I, Mr. / Mrs. / Ms...... having/not having a family,

•					my family as defined in the GPF - count to the extent specified below,	
that may stand to my credit in th	e Fund, in th d direct that	ne event	of my death	before that amount has l	become payable or having become the said person(s) in the manner	
Name(s) and address(es) of the nominee(s)	Relation- ship with Subs- criber	Age (yrs)	Amounts or % share to be paid to each*	Contingencies on the happening of which the nomination shall become invalid **	Name, address and relationship of the person(s) if any, to whom the right of the nominee shall pass in the event of the nominee(s) predeceasing the subscriber	
This nomination supersedes the nomination made by me earlier on, which stands cancelled.						
Dated this day of the month of in the year				r at	(place)	
Two witnesses to sign:						
1. Signature :					Signature of the Subscriber	
Name :				Name :	Name :	
Address :				Designation :		
2. Signature :				Sig	nature of Registrar with date	
Name :						
Address: Seal:						

^{*} Note : This column should be filled in so as to cover the whole amount that may stand to the credit of 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.