

## FORM OF NOMINATION

I, ..... hereby nominate the person(s) mentioned below who is/are member/non-members of my family as defined in rule 12 of the GENERAL PROVIDENT FUND (Central Services) Rules, 1960, to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name & full address of nominee/ the nominee(s) 1	Relationship with the subscriber 2	Age of the nominee(s) 3	Share payable to each 4

Contingencies on the happening of which the nomination will become invalid. 5	Name address & relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her pre-deceasing 6	If the nominee is not a member of the family as provided in rule 2, indicate the reasons. 7

Date the ..... day of ..... at .....

Two witness to sign.

Name & Address

Signature

1.

2.

Signature of Subscriber  
Name in Block Letters

.....  
Designation.....

Space for use by the Head of Office/Pay & Accounts Office.

Nomination by Shri/Smt./Kumari .....

Designation .....

Date of receipt of nomination .....

Signature of Head of Office/  
Pay & Accounts Officer

When the Govt. Servant has no family and to nominate one person or more than one person.

I, ..... having no family, hereby nominate the person/ persons mentioned below, and confer on him/ her/ them the right to receive, to the extent specified below, any gratuity the payment of which may be authorize by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity, which having become admissible to me on retirement may remain unpaid at my death.

Original nominee (s)			Alternative nominee (s)	
Name and address of nominee/	Relationship with the Government servant	Amount of shares of gratuity payable to persons, if any, to whom the right conferred on the nominee/ shall pass in the event of the nominee pre-deceasing the Govt. servant or the nominee dying after the death of the Govt. Servant but before receiving payment of gratuity.	Name, address, relationship and age of the person/ gratuity	Amount of shares of to each.

\* This column should be filled in so as to cover the whole amount of the gratuity.

\*\* The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee (s).

This nomination supersedes the nomination made by me earlier on which stands cancelled.

Note :-

- i) The Govt. servant should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.
- ii) Strike out which is not applicable.

Dated this ..... day of .....

at .....

Witnesses to signature

- 1.
- 2.

Signature of Govt. Servant  
Signature

.....  
Dated  
Designation

.....  
(To be filled by the Head of Office)

Nomination by .....

Designation .....

Office .....

## FORM IV

**Nomination for benefits under the ICAR Employee's Insurance Scheme when the ICAR employee has no family and wishes to nominate one person or more than one person.**

**I, \_\_\_\_\_ having no family, hereby nominate the person/persons mentioned below and confer on him/her/ them the right to receive to the extent specified below an amount that may be sanctioned by the ICAR, under the ICAR Employee's Insurance Scheme, in the event of my death while in service or which having become payable on my attaining the age of 60 years may remain unpaid at my death :**

Name & Address of nominee/ nominees	Relationship with ICAR employee	Age	Share of amount (to be paid to each)	Contingencies* the happening of which the nomination shall become invalid.	Name, Address and relationship of the person, if any to whom the right of the nominee shall pass in the event of his pre-deceasing the ICAR employee.
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Dated, this ..... Day of ..... at .....

**Two witness to signature.**

1. ....

2. ....

**Signature of the ICAR Employee**

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

**N.B. :-**

- 1. The ICAR employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.**
- 2. Where an ICAR employee who has no family and makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.**

## FORM V

**Nomination for benefits under the ICAR Employee's Insurance Scheme, when the ICAR Employee has a family and wishes to nominate one member or more than one member thereof.**

**I, \_\_\_\_\_ hereby nominate the person(s) mentioned below, who is/are member (s) of my family, and confer on him/her/them the right to receive to the extent specified below any amount that may be sanctioned by the ICAR under the ICAR Employee's Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of 60 years may return unpaid at my death.**

<b>Name &amp; Address of nominee/ nominees</b>	<b>Relationship with ICAR employee</b>	<b>Age</b>	<b>Share of amount (to be paid to each)</b>	<b>Contingencies* the happening of which the nomination shall become invalid.</b>	<b>Name, Address and relationship of the person, if any to whom the right of the nominee shall pass in the event of his pre-deceasing the ICAR employee.</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

**N.B. :-**

- 1. The ICAR employee should draw lines across the blank space below his last entry to prevent insertion of any names after he has signed.**

**Dated this ..... day of ..... at .....**

**Signature of two witnesses :-**

- 1. ....**
- 2. ....**

**Signature of ICAR Employee**

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

### **FORM 'B**

When the Officer has a family and wishes to nominate more than one member thereof.

I, \_\_\_\_\_ hereby nominate the persons mentioned below, who are members of my family and confer on them the right to receive to the extent specified below, any gratuity that may be sanctioned by Govt. in the event of my death while in service and the right to receive on my death, to the extent specified below any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Name & Address of nominee(s)	Relationship with the officer	Age	Amount or share of gratuity payable to each	Contingencies on the happening of which the nomination shall be come invalid	Name, Address & relationship of the person or persons, If any, to whom the right concerned on the nominee shall pass in the event of the nominee pre-deceasing the officer or the nominee dying after the death of the officer but before receiving payment of the gratuity	Amount or share of gratuity payable to each
1	2	3	4	5	6	7

This nomination supersedes the nomination made by me earlier on ..... which stands cancelled.

N.B. : - The Officer shall draw lines across the blanks pass 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

Noted : - This column should be filled in so as to cover the whole amount of gratuity.

Note 2:- This amount share of gratuity shown in this column should cover the whole amount/share payable to the original nominees

(To be filled in by the Head of Office in the case of Non-gazetted Officer)

Nomination by .....

Designation .....

Office .....

Signature of Head of Office

Date.....

## **NOMINATION FOR DEATH CUM RETIREMENT GRATUITY**

When the officer has a family and wishes to nominate one member thereof.

I, \_\_\_\_\_ hereby nominate the person(s) mentioned below, who is a member of my family and confer on him/her the right to receive any gratuity that may be sanctioned by Government in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Name and address of nominee	Relationship with officer	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address and relationship of person if any to whom the right conferred on the nominee predeceasing the Officer or the nominee dying after the death of the Officer, but before receiving payment of the gratuity	Amount or share of gratuity payable to each
1	2	3	4	5	6

This nomination supersedes the nomination made by me earlier on .....which stands cancelled.

Dated this .....day of ..... at .....

Witnesses to signature

1. ....
2. ....

Signature of Officer

Note:- This column should be filled in so as to cover the amount of gratuity,  
(To be filled in by the Head of Office in the case if Non-Gazetted Officer)

Nomination by .....

Signature of Head Officer

**FORM 'E'**

**FORM 'E'**

**NOMINATION FOR FAMILY PENSION**

I, \_\_\_\_\_ hereby nominate the person(s) mentioned below, who are members of my family to receive in the order shown below the family pensions which may be granted by Govt. in the event of my death after completion of 10 years qualifying service.

Name and Address of Nominee	Relationship with Officer	Age	Whether married or unmarried
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This nominated supersedes the nomination made by earlier on ..... which stands cancelled.

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

Date this.....day of ..... at.....

Witness to signature with full name.

1. ....

2. ....

Signature of Officer with name

(To filled in by the Head of Officer in the case of a Non-Gazetted Officer)

Nomination by .....

Designation .....

Office .....

Signature of Head of Office .....

Designation .....

Date .....

**Subject:        Travel Concession to Government Servants during regular leave.**

**FORM OF DECLARATION**

1.     Name of Government Servants
2.     Designation
3.     Date of appointment
4.     Name of family members with relationship and age

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<b>S.No.</b>	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>AGE</b>
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5.     Permanent Home Address with address  
of a near relation there (As in Service  
Book, Roll)
  6.     Any other information which one wants  
to furnish in the above connection such  
as class to which entitled pay etc.
  7.     Dated:

**Signature of the Government Servant  
(with date)**



FORM 3  
[See rule 54 (12)]  
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Government servant

Place :

Date :

Note 1. – The original Form submitted by the Government. servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government. servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the ‘Remarks’ column. The fact regarding disability or change of marital status of a family member should also be indicated in the ‘Remarks’ column.

Note 4. - Wife and husband shall include judicially separated wife and husband.