

चन्देल एण्ड कम्पनी, गिवापुरी। फोन :

G. P. F. 3

PROVIDENT FUND NOMINATION

(For use by subscribers having family)

Provisional Fund A/c No.....

I @ hereby nominate the person / persons mentioned below who is a member/are members of my family as defined in rule 2 of the Provident Fund..... Rules to receive the amount that may stand to my credit in the fund is 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 the nominee/nominees	Relationship with the subscriber	Age of the nominee	Share Payable to each nominee	Contingencies on the happening of which the nomination shall become invalid	name, address and relationship of the person / persons if any to whom the right of the nominee shall pass in the event of his / her Predeceasing the subscriber
1	2	3	4	5	6

Date Day of 200 at

Two Witness to Signature.

Name

Address

Signature

1. Signature of the Subscriber
- 2.

Note :- Please read carefully the instruction printed on the reverse before filling in the form.

P.T.O.

Space for use by Head of Office / Accountant General's Office

Nomination by Shri Kumari

Designation

Date of receipt of nomination

Signature of

Head of officer/account office

Designation

Date

Instruction for subscriber :

- (a) @ Your name may be filled in.
- (b) * Name of the fund may be completed suitable.
- (c) Definition of the term 'Family' as given in the provident fund rule.
- (d) Col. 4 if only one person is nominated the words "in full" should be written against the nominee. If more than one person nominated the share payable to each nominee to cover the whole amount of the provident fund should be specified.
- (e) Col. 5 death of nominee (s) should not be mentioned as a contingency in this column.
- (f) Col. 6 Do not mentioned your name.
- (g) Draw line across the blank space below last entry to prevent insertion of any names after you have signed.

FORM 'B'

See Rule 4 (7) [a]

Nomination For Death-Cum-Retirement Gratuity

When the Government Servant has a family and wishes to persons nominate more than one member there of

I hereby on nominate persons mentioned below who are members of my family and confirm on them the right to receive to the extent specified below any gratuity that may be sanctioned by Government in the event of my death.

B- The Government Servant should draw lines accross blank space provided for the entry to prevent the inseration of any name after he has signed.

1- Name and address of nominee	
2- Relationship with Government Servant.....	
3- Age	
4- * Amount or share of grante Payable to each..... * This column should be fild in so as to over the whole amount of the gratuity.	
5- Contigences on the happing of which the nomination shall be come invalid.....	
6- Name address and relationship of the person of any to whome the right confeered on the nominee predec sing the Govt. Servant.	

Dated.....day of.....200 at.....

Two witness to signature -

1-

2-

Government Servant

(To be filled in by the Head officeid the case of a Non-gazetted officer)

Nominated by.....

Designation.....

Office.....

Signature and
Designrtion of
Head of Office

FORM 'E'
(See Rule 5 [6])

Nomination For Family Pension

I here by nominate the persons mentioned below. Who are members of my family to receive in the order shown below the family pension which may be granted by Government in the my death completion of gears qualing superion service -

N: B.- The Government Servant should draw lines across blank Space provided for the last entry to prevent the intertion of any name after he has signed.

- 1- Name and address of Nominee.
- 2- Relationship with Government Servant.
- 3- Age
- 4- Whether married or unmarried.

Dated this.....day of.....20 at.....

Two Witness to Signature.

1-

2-

Signature of
Government Servant

(To be filled in the Head of Officer in case of a
non Gazetted Officer)

Nomination by.....

Designation

Officer

Date.....20

Signature and
Designation of
Head of Office

Note- Nominee shall be wife husband minor child or children mother or father (in that order).

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FORM 8

NOMINATION FOR BENEFIT UNDER THE M.P. GOVT. EMPLOYEES GROUP INSURANCE SCHEME

When the Government Servant has a family and wishes to nominate on member of more than one on member thereof I hereby nominate the persons (s) mentioned below who is/a member (s) of my family, and confor on his/them the right to receive to the extent specified any amount that may be sanctioned by the M.P. Govt. under the M.P. Govt. employees group Insurance Scheme..... in the event of my death while in service or which having become payable on my attaining the age of superation may remain unpaid at my death.

Name and address of Nominee / Nominees	Relation with Government Servant	Age	* Share to be paid to each	Contingencies on the happening shall become Invalid	Name, address and relationship of the persons if any to whom the right of the nominee shall pass in the event of his Predeceasing the Govt. Servant
1	2	3	4	5	6

N. B.--- The Government Servant should draw line across the blank space his last entry to prevent insertion of any name after he has signed.

Date this day of 20 at Signature of Govt. Servant
Signature of two Witness

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

DETAILS OF FAMILY

FORM 3 (See Rule 47 [12])

Name of Government Servant.....

Designation

Date of BirthDate of Appointment

Details of the members of my family as on

S. No.	Name of the members of the	Date of Birth	Relationship with the Government Servant	Initials of the head of office	Remark
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

I hereby undertake to keep the particulars upto-date by notifying to the audit office/Head of office any addition or alternation.

Place.....

Date.....

Signature of Govenment Servent

Family for this purpose means.

- Wife, of wives in the case of a male Govennment Servent.
- Husband, in the case of female Government Servant.
- Sons below eighteen years of age and unmarried daughters below twenty years of age including such son or daughter adopted legally before retirement.

Note- Wife and husband shall include respectively saperate wife and husband
(To be filled in by head of office/audit officer)

Details of family-

Signature of H. O.

Filled by

Designation.....

Date