Form 1

COMMON NOMINATION FORM FOR GRATUITY, GENERAL PROVIDENT FUND AND MIZORAM STATE GOVERNMENT EMPLOYEES' GROUP INSURANCE SCHEME,2014

Insurance Scheme, 2014]			of General Provident Fund (Co	,			·
			, hereby nominate the p		v and con	ter on him/her/them the right to	receive in
			y, amount on account of the foll y be authorised under rule 50				
	·	·		of CCS (Pension) Rules			
3	-		e General Provident Fund				_
iii. any amount that m	ay be sanctic	oned by t	he State Government under the	Mizoram State Government Er	mployees	Group Insurance Scheme, 2014	1
Name, date of birth (DOB) and	Relation-	Share	If nominee is minor, name, DOB	Name, DOB, relationship and	Share	Name, DOB and address of	Contingency on
address of the nominee	ship with	to be	and address of person who may	address of alternate nominee in	to be	person who may receive the	happening of
	employee/	paid to	receive the amount on behalf of	case the nominee under Column	paid to	amount if alternate nominee in	which
	pensioner	each	minor	(1) predeceases the employee/	each	Col. (5) is a minor	nomination shall
				pensioner			become invalid
1	2	3	4	5	6	7	8
This nomination supersede an	-	ns made	by me earlier.				
Place:							
Date :						Signature of Govern	ment servant
						Telephone No:	
			across the blank space below th	e last entry to prevent the inser	tion of an	y name after he/she has signed.	The

Signature of Head of Office/authorized Gazette officer with seal

(To be filled in by the Head of Office/authorised Gazetted Officer)

Received the nominati	ions, dated, under the following Rules :—
2. General Provident I	ices (Pension) Rules, 1972 for Gratuity Fund (Central Services) Rules, 1960 ernment employees Group Insurance Scheme, 2014
made by Shri/Smt./Kumari	<u>:</u>
Designation	1
Office	<u></u>
•	nination is not received) mination(s) has been made in pageVolumeof Service Book / Service Statement.
Name, Signature and I Head of Office/author Gazetted Officer with	ized
Date of receipt	
	will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody to the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.