

FORM 1
{See Rule 53(1)}

Nomination for Retirement Gratuity/Death Gratuity

(When the Government servant has a family and wishes to nominate one member or more than one member, thereof.)

I, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized 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)				Alternate Nominee (s)	
Names and address of nominee/ nominees	Relation-ship with the Govt. servant	Age	Amount or share of gratuity payable to each *	Name, address, Relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Govt. servant or the nominee dying after the death of the Govt. servant but before receiving payment of gratuity.	Amount and 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.

Note :

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

Dated this Day of 20..... at

Signature of Two Witnesses :

1.
2. Signature of Govt. Servant

(To be filled by the Head of Office)

Nomination by
Designation
Office

Signature of Head of Office
Date :
Designation

* 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)**.

FORM 2
{See Rule 53(1)}

Nomination for Retirement Gratuity/Death Gratuity

(When the Government servant has no family and wishes to nominate one member or more than one member, thereof.)

I, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized 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)				Alternate Nominee (s)	
Names and address of nominee/ nominees	Relation-ship with the Govt. servant	Age	Amount or share of gratuity payable to each *	Name, address, Relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Govt. servant or the nominee dying after the death of the Govt. servant but before receiving payment of gratuity.	Amount and 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.

Note :

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

Dated this Day of 20..... at

Signature of two witnesses :

1.
 2.
- Signature of Govt. Servant

(To be filled by the Head of _____)

Nomination by
Designation
Office

Signature of Head of Office
Date :
Designation

* 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)**.

FORM 3
{See Rule 54(12)}

DETAILS OF FAMILY

Name of the Govt. Servant

Designation

Date of Birth

Date of appointment

Details of the members of my family* as on

Sl. No.	Names of the members of family*	Date of Birth	Relationship with the officer	Initials of the Head of Office	Remarks
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.

Place :

Dated : Signature of Govt. Servant

* Family for this purpose means family as defined in Clause (b) of sub rule (14) of Rule 54 of the CCS Pension Rules, 1972.

Note : Wife and husband shall include respectively judicially separated wife and husband.

FORM No. IV

Nomination for benefit under the GSILS where the ICAR Employee has no family and when and wishes to nominate one member or more than one member thereof

I, having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the ICAR under GSLIS in the event of my death while in service of which having become payable on my attaining the age of 60 years may remain unpaid at my death :

Name(s) and address (es) of nominee/nominees	Relation-ship with the ICAR Employee.	Age	Amount or share to be paid each*	Countingencies on the happening of which the nomination shall become invalid.	Name, address and relationship the person, if any, to whom the right of the nominee shall pass in the event his predeceasing the ICAR Employee.
1.	2.	3.	4.	5.	6.

Dated this Day of 20..... at

Signature of Two Witnesses :

1.
 2.
 Signature of ICAR Employee
 Name :

.....

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

N.B.

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

FORM No. V

Nomination for benefit under the GSILS where the ICAR Employee has a family and when and wishes to nominate one member or more than one member thereof

I, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any amount that may be sanctioned by the Central Government under the Central Government Employee's Group Insurance Scheme of my death while in service of which having become payable on my attaining the age of superannuation may remain unpaid at my death :

Sl. No.	Names and address of nominee/ nominees	Relation-ship with the ICAR Employee.	Age	Amount or share to be paid each *	Countin-gencies on the happening of which the nomination shall become invalid.	Name, address, relationship the person, if any, to whom the right of the nominee shall pass in the event his predeceasing the Govt. Servant.
1.	2.	3.	4.	5.	6.	

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

Dated this Day of 20..... at

Signature of two witnesses :

1.

2.

Signature of Govt. Servant

Name :

.....

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