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| **For Gazetted Officers only** |

**Form 1**

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

**[Mizoram State Government Employees’ Group Insurance Scheme, 2014]**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

**Any amount that may be sanctioned by the Mizoram State Government Employees’ Group Insurance Scheme, 2014**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name, date of birth (DOB) and address of the nominee | Relationship with employee/pensioner | Share to be paid to each | If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor | Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner | Share to be paid to each | Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor | Contingency on happening of which nomination shall be come invalid |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

This nomination supersede any nominations made by me earlier.

Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Government Servant

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. :

Note – 1: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s) shares together should cover the whole amount.

Signature of Head of Office/authorized

Gazette Officer with seal

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

Received the nominations, date \_\_\_\_\_\_\_\_\_\_\_\_, under the following Rules –

1. Mizoram State Government Employees’ Group Insurance Scheme, 2014

Made by

Shri/Smt./Kumari : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(forwarding to Chief Controller of Accounts, Accounts & Treasuries for entry into Service Card, etc.)***

Entry of receipt of nominations(s) has been made in page \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volume \_\_\_\_\_\_\_\_\_\_\_ of Service Book.

***For use by Office of the Chief Controller of Accounts***

Name, Signature and Designation of

Head of Office/authorized

Gazetted Officer with seal

Date of receipt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The receiving Officer 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 so that it may come into the possession of the beneficiaries in the event of his/her death.

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