

Form 1

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

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[See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and 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:
★ i. any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules—
Vii. amount that may stand to my credit in the General Provident Fund
x iii. any amount that may be sanctioned by the State Government under the Mizoram State Government Employees Group Insurance Scheme, 2014

Name, date of birth (DOB) and address of the nominee	Relation- ship 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 become invalid
1	2	3	4	5	6	7	8
		7					
1.		B					

This nomination supersede any nomination	ns made by me earlier.		
Place:		ا مورد درود ا	
Date:			Signature of Government servant
			Telephone 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





Received the nominat	ions, dated, under the following Ru	les:—				
1. Central Civil Service	ees (Pension) Rules, 1972 for Gratuity					
2. General Provident	Fund (Central Services) Rules, 1960					
-3.Mizoram State Gov	ernment employees Group Insurance Scheme,	2014				
made by Shri/Smt./Kumari Designation Office	:					
(Strike out which non	nination is not received)					
Entry of receipt of no	mination(s) has been made in pageV	Volumeof Service B	ook.			
Name, Signature and Head of Office/author Gazetted Officer with	rized					
Date of receipt						
The receiving Officer so that it may come in	will fill the above information and return a dunto the possession of the beneficiaries in the even	ly signed copy of the comp ent of his/her death.	lete Form to the Governm	ent servant who shou	ald keep it in	safe custody

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