

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

Received the nominations, dated, under the following Rules :—

1. Central Civil Services (Pension) Rules, 1972 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Mizoram State Government employees Group Insurance Scheme, 2014

made by
Shri/Smt./Kumari :

Designation :

Office :

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in page Volume.....of Service Book / Service Statement.

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 dated signature on both pages of this Form.

Form 1

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

[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**
- ii. amount that may stand to my credit in the General Provident Fund**
- 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

This nomination supersede any nominations made by me earlier.

Place : _____

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 }
}