

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVT. EMPLOYEES GROUP INSURANCE SCHEME

– 1983 When the Govt. 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/members of my family and confer to him/them the right to receive to the extent specified below any amount that may be sanctioned by the Council under Central Council for Research in Unani Medicine Employees Group Insurance Scheme, 1983 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & addresses of nominee/ nominees.	Relationship with the Govt. Servant.	Age	*Share of amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person, if any, to whom the right of the nominee shall pass in the event of his pre-deceasing the Govt. servant.
(1)	(2)	(3)	(4)	(5)	(6)

N.B. The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

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

Dated this _____ day of _____ 20____ at _____

Two witnesses signatures

- 1.
- 2.

Date of Birth:

Signature of the Govt. Servant

Date of Regular appointment:

Name _____

Designation _____

CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE, NEW DETHI
GROUP INSURANCE SCHEME, 1983 FORM OF AGREEMENT

I _____ hereby declare that I have read the GIS Rules and that I agree to abide and be bound by them.

Date _____ Day _____ Year _____

Name in full (Capital letters) _____

Date of birth _____ Date of Joining of regular appointment _____

Nature of appointment _____ Pay +NPA _____

Signature _____

Designation _____

Address _____

Station _____

Date _____

Witness

1) Name _____

Designation _____

Address _____

2) Name _____

Designation _____

Address _____