

# भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान

बरहमपुर

## Nomination for payment of other terminal benefits

### (1) Employee's Personal Details:

1	Name		3	Designation	
2	PF No.		4	Department	

(2) Hereby nominate the person(s) 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 other terminal benefits for instance (i) Last pay (ii) Amount of claims unpaid, if any (iii) Medical Bills (iv) All other amounts towards financial benefits etc. in the event of my death while in service or of which having become payable on my attaining the age of superannuation may remain unpaid at my death:-

S.No	Name and addresses of nominee/nominees	Relationship with the Govt. Servant	Age	% of Share of amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address, relationship of persons, if any, to whom the right of the nominee shall pass in the event of the nominee predeceasing the Government Servant

### Note:

The Institute employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ at \_\_\_\_\_

**Date:**

**Signature of the employee**

### Two witnesses to signature:

	1	2
Signature:		
Name		
Address		

### For the use of controlling unit/office of the HOD:

Forwarded	Recommended
Section/Unit I/C	HOD

### Administrative Approvals:

Checked	Verified & submitted for approval	Approved as per rules for including in the records
Assistant/Jr.Supt.	AR/DR (Admin.)	DOFA/Registrar/Director