


**Declaration of Nomination for Leave Encashment**

**(1) Employee’s Personal Details:**

1	Name		3	Designation	
2	PF No.		4	Department	

(2) Hereby nominate the person(s) mentioned below who are members of my family to receive in the order shown below the cash equivalent of leave salary for earned leave/half pay leave, if any, due and admissible, which may be considered to be payable to my family in the manner specified in the Central Civil Services (Leave) Rules, 1972 by the Central Government in the event of my death, while in service or after retirement or quitting service but before actual receipt of the cash equivalent of leave salary by me:

<b>Names and addresses of nominees</b>	<b>Relationship with the Government servant</b>	<b>Age</b>	<b>Whether married or unmarried</b>	<b>Share (%)</b>
1	2	3	4	5

This nomination supersedes the nomination made by me earlier on..... which stands cancelled.

**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
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Assistant/Jr.Supt.	AR/DR (Admin.)	DOFA/Registrar/Director
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