

**FORM - 1**

(See Rule 53 (1))

**Nomination for Retirement Gratuity/Death Gratuity**

When the Institute Employee 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(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Institute in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death :-

Original Nominee(s)				Alternate Nominee(s)	
Names and addresses of nominee/nominees	Relationship with the Institute employee	Age	Amount or share of gratuity payable to each*	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Institute employee or the nominee dying after the death of the Institute employee but before receiving payment of gratuity.	Amount or share of gratuity payable to each**
1	2	3	4	5	6

\* This column should be filled in so as to cover the whole amount of the gratuity.

\*\* The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).

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

- NOTE :**
- i) The Institute employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
  - ii) Strike out which is not applicable.

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

**Witnesses to signature:**

1 \_\_\_\_\_

2 \_\_\_\_\_

**Signature of Institute Employee**

**(To be filled in by the Head of Admn. Deptt. / Accounts Officer)**

Nominated by \_\_\_\_\_

Designation \_\_\_\_\_

Office \_\_\_\_\_

Signature of Head of Admn. Deptt./

Accounts Officer

Date \_\_\_\_\_

Designation \_\_\_\_\_

**Proforma for acknowledging the receipt of the nomination form by the Head of Admn. Deptt. /Accounts Officer**

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sir,

In acknowledging the receipt of your nomination, dated the \_\_\_\_\_ cancellation, dated the \_\_\_\_\_ of the nomination made earlier in respect of gratuity in Form \_\_\_\_\_ I am to state that it has been fully placed on record.

Signature of Head of Admn. Deptt.

Place \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

**NOTE:** The Institute employee is advised that it would be in the interest of his nominees if copies of the nominations and the related notice and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.