

**National Centre for Agricultural Economic and Policy Research**  
 (Indian Council of Agricultural Research)  
 Library Avenue, Pusa, Post Box No. 11305, New Delhi-110 012

(See Rule 53 (I))

**NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY**

When the Government 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(s) of my family, and confer on him/her/them the right to receive, to the extent specified below, any gratuity the payment of which may be unauthorized that may be sanctioned by the Central Government 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 have become admissible to me on retirement may remain unpaid at my death.

ORIGINAL NOMINEE(S)				ALTERNATIVE NOMINEE(S)	
Name(s) and address(es) of nominee(s)	Relationship with Govt. servant	Age	Amt. Or share of gratuity payable to each*	Name, address, relationship & age of the persons(s), if any, to whom the right conferred on the nominee, shall pass. In the event of the pre-deceasing the Govt. servant or the nominee dying after the death of the Govt. servant but before receiving payment of gratuity.	Amt. 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 Govt. servant should draw lines across 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 \_\_\_\_\_ at \_\_\_\_\_

Witnesses to signature:

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of Government Servant

(to be filled in by the Head of Office)

Nomination by \_\_\_\_\_

Sign. Of Head of Office

Designation \_\_\_\_\_

Date \_\_\_\_\_

Office \_\_\_\_\_

Designation \_\_\_\_\_