

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

FORM OF NOMINATION

Account No. \_\_\_\_\_

I \_\_\_\_\_ hereby nominate the Person(s) mentioned below who is/are member(s)/non-members of my family as defined in Rule 2 of the General Provident Fund (Central Services) Rules, 1960, to receive the amount that may stand to my credit in the Fund and indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name in full & address of the nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee
1	2	3	4

Contingencies on the happening of which the nomination will become invalid	Name, address, & relationship of the person(s), if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber.	If the nominee is not a member of the family as provided in Rule 2 indicate the reason.
5	6	7

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

Signature of the subscriber  
Name in block letters \_\_\_\_\_

\_\_\_\_\_  
Designation \_\_\_\_\_

Two witnesses to signature

Name and address

Signature

1.

2.

Space for use by the Head of Office/Pay & Accounts Officer.

Nomination by Shri/Smt./Kumari \_\_\_\_\_.

Designation \_\_\_\_\_.

Date of receipt of nomination \_\_\_\_\_.

Signature of \_\_\_\_\_  
Head of Office/Pay & Accounts Officer  
Designation \_\_\_\_\_  
Date \_\_\_\_\_