

ANNEXURE
FORM OF NOMINATION (FORM II)

(When the subscriber has a family and wishes to nominate more than one member thereof).

(See Clause 1.3 of Appendix 'A')

I, _____ hereby nominate the persons mentioned below, who are members of my family as defined in Regulation 3.4 of the General Provident Fund - cum - Gratuity Rules of the Mizoram University to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable or having become payable has not been paid, and that the said amount shall be distributed among the said persons in the manner shown below against their names :

Name & Address of the nominee	Relation-ship with subscriber	Age	Amount of share of accumulation to be paid each	Contingencies on the happening of which the nomination shall become invalid	Name. Address & relationship of the persons, if any, to whom the right of the pass in the nominees pre-deceasing the subscriber.
1	2	3	4	5	6

Dated this _____ day of _____ at _____

Two witnesses to signature :

1. _____

2. _____

Signature of Subscriber :

Designation _____

Department _____

*Note : This column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber in the fund at any time.

ANNEXURE
FORM OF NOMINATION (FORM I)

(When the subscriber has a family and wishes to nominate one member thereof).
(See Clause 1.3 of Appendix 'A')

I, _____ hereby nominate the person mentioned below, who is a member of my family as defined in Regulation 2.4 of the General Provident Fund - cum - pension - Gratuity Rules of the University of _____ to receive the amount that may stand to my credit in the fund, in the event of my death before that amount has become payable, or having become payable, has not been paid :

Name & Address of the nominee	Relation-ship with subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address & relationship, if any, to whom the right of the nomination shall pass in the event of the nominee pre-deceasing the subscriber.
1	2	3	4	5

Dated this _____ day of _____ at _____

Two witnesses to signature :

1. _____

2. _____

Signature of Subscriber :

Designation
Department
