## O.C.S.(PENSION) FORM 3

(See rule 53 read with F.D. Resolution No.29826, dated the 9<sup>th</sup> July, 1992)

## NOMINATION FOR DEATH OR RETIREMENT GRATUITY

When the Government servant has a family and wishes to nominate the member, or more than one member, there

| Original nominee(s) |              |     |             | Alternate nominee(s)                       |             |
|---------------------|--------------|-----|-------------|--|-------------|
| Names and           | Relationship | Age | *Amount     | Name, address, relationship and age of     | ** Amount   |
| address of          | with the     |     | or share of | the person or persons, if any, to whom the | or share of |
| nominee/nominees    | Government   |     | gratuity    | right conferred on the nominee             | gratuity    |
|                     | servant      |     | payable to  | predecessing the Government Servant or     | payable to  |
|                     |              |     | each        | the nominee dying after the death of the   | each.       |
|                     |              |     |             | Government servant but before receiving    |             |
|                     |              |     |             | payment of gratuity                        |             |
| 1                   | 2            | 3   | 4           | 5  | 6           |
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<sup>\*</sup> This column should be filled in so as to cover the whole amount of the gratuity.

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

| This nominate cancelled. | ion supersedes the nomination made by me earlier on which stands   |
|--------------------------|--|
| NOTE-(i)<br>entry (ii)   | The Government servant shall draw lines across the blank space below the last to prevent the insertion of any name after he has signed.  Strike out which is not applicable.   |
| Dated this               |  |
| Two witnesse 1. 2.       | s to signature:  |
|                          | Signature of Government Servant  |
|                          | (To be filled by the Head of Office)   |
| Designation:             | y: Signature of Head of Office Date Designation  |
| Profor                   | ma for acknowledging the receipt of the nomination form by the Head Office   |
| То                       |  |
|                          |  |
| Sir,                     |  |
| dated the                | dging the receipt of your nomination, dated the  |
| Place:<br>Date:          | Signature of Head of Office / Authorised Authority Designation   |
| NOTE:-                   | The Government servant is advised that it would be in the interest or his nominees if copies of the nomination and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death. |