

**FORM 27**  
**(see Rule 155)**

**NOMINATION FOR PAYMENT OF PAY DUE FOR PERIOD OF HOLIDAYS  
IN THE EVENT OF DEATH OF WORKER**

I hereby require that in the event of my death before resuming work, the balance of my pay due for the period of holidays shall be paid to

\_\_\_\_\_ who is my

\_\_\_\_\_ and resides at

\_\_\_\_\_

Witnesses:

Attested

Signature

Designation

Address

Signature

Name

Designation

Department, etc:-

Date :

Signature or

left hand

thumb impression

of worker : -

Particulars or worker

such as serial number

in the register

of adult/ child

workers Section or address