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राष्ट्रीय इलेक्ट्रॉनिकी एवं सूचना प्रौद्योगिकी संस्थान (रा.इ.सू.प्रौ.सं.)  
**National Institute of Electronics and Information Technology (NIELIT)**

(इलेक्ट्रॉनिकी और सूचना प्रौद्योगिकी मंत्रालय, भारत सरकार की एक स्वायत्त संस्था)  
 (An Autonomous Society under Ministry of Electronics & Information Technology, Govt. of India)

**Nomination for Death-cum-Retirement Gratuity**

When the employee has a family and wishes to nominate one member, or more than one member, thereof.

I.....hereby nominate the person (s) mentioned below who is/are member (s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized 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 having become admissible to me on retirement may remain unpaid at my death.

Original nominee (s)			
Name and address of nominee	Relationship with the employee	Age	Amount or share of gratuity payable to each

Alternate nominee (s)	
Name, address, relationship and age of the person(s), if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of gratuity	Amount or share of gratuity payable to each

This nomination supersedes the nomination made by me earlier on.....which stands cancelled.



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\* 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)

Note: (i) The employee shall draw lines across the 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.....20.....Place.....

Witness to signature:

1.....

2.....

Signature of Employee

(TO BE FILLED BY THE HEAD OF OFFICE )

Nomination by.....

Designation.....

Office.....

Signature of Head of Office

Designation.....

Date.....