

**APPLICATION FOR POST RETIREMENT
DEATH INSURANCE EXTENTION SCHEME-CG 2011**

1. Name: _____ 2. Rank: _____ 3. P No. _____
4. Last ship/Estb. _____
5. Reason for retirement _____
6. Date of (a) Birth _____ (b) Commission/Enrolment _____
(c) Retirement/discharge _____
7. (a) Age on retirement _____ Medical Category _____
(b) Percentage of disability awarded if any with period of disability in service _____
- (c) Whether you were/ are a member of Additional Naval Group Insurance Schemes for Aviators, if yes, then period of membership as aviator
From _____ to _____
- (d) Service Rendered in lower deck from _____ to _____
8. Permanent home address (in capital letters) _____
9. Temporary Correspondence Address: _____
10. Name , Relationship & full address of the nominee(s) for extended insurance scheme (in capital letters) _____

Name and full address of nominee(s)	Relationship with the subscriber	Age of the nominee	Share payable to each nominee	Name Address and relationship of persons with DOB, to whom the right conferred in the event of the nominee predeceasing the individual or the nominee dying after the death of the individual but before receiving payment	Amount payable in % age
1	2	3	4	5	6

11. Email address : _____

12. Telephone/ Mobile No. _____

Date: _____

Signature of Member _____

Certified that the service particulars furnished by the above named officer are correct

Place: _____

_____ CO/Head of Department

**ANNEXURE TO APPLICATION FOR THE POST RETIREMENT
DEATH INSURANCE EXTENTION SCHEME -1982**

**JOINT PHOTOGRAPH OF MEMBER WITH NOMINEE(S) AND
SPECIMEN SIGNATURE OF NOMINEE(S) OF**

1. P No.

2. Rank:

3. Name:

JOINT PHOTOGRAPH OF MEMBER WITH NOMINEE(S)

Three specimen signature of nominee(s)

Names:

Specimen Signatures

(a) _____	(1) _____	(2) _____	(3) _____
(b) _____	(1) _____	(2) _____	(3) _____
(c) _____	(1) _____	(2) _____	(3) _____
(d) _____	(1) _____	(2) _____	(3) _____
(e) _____	(1) _____	(2) _____	(3) _____

Place:

Date: _____

Signature of member _____

FOR USE OF GIS SECTION

Amount recovered for extended insurance Rs. _____

Date recovery made _____

Certificate No. allotted _____

Period of insurance from _____ to _____