

**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/Address of Nominee/nominees	Relationship with individual	Age of the Nominee/ Nominees on the date of nomination	Amount payable to each in % age	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

11. Email address \_\_\_\_\_

12. Telephone/ Mobile No. \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Member \_\_\_\_\_

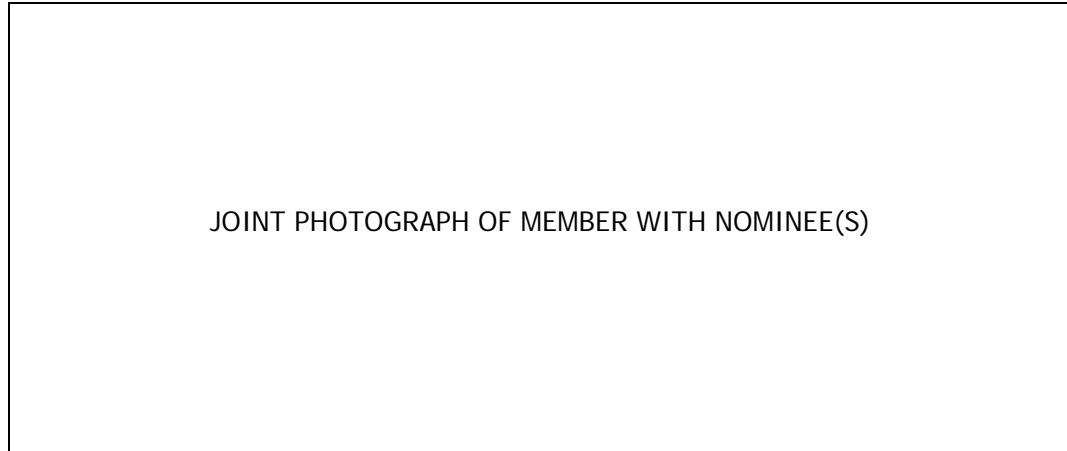
**Certified that the service particulars furnished by the above named officer are correct**

Place: \_\_\_\_\_ CO/Head of Department

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

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

1. P No. \_\_\_\_\_ 2. Rank: \_\_\_\_\_ 3. Name: \_\_\_\_\_



Three specimen signature of nominee(s)

<b>Names:</b>	<b>Specimen Signatures</b>		
(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 \_\_\_\_\_

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**FOR USE OF GIS SECTION**

Amount recovered for extended insurance Rs. \_\_\_\_\_

Date recovery made \_\_\_\_\_

Certificate No. allotted \_\_\_\_\_

Period of insurance from \_\_\_\_\_ to \_\_\_\_\_