

NOMINATION FOR RETIREMENT GRATUITY/DEATH GRATUITY

When the Govt Servant has a family and wishes to nominate one member or more than one member thereof and having no family wishes to nominate one person or more than one person.

1. Name _____ Rank _____ No _____ having/having no family hereby nominate the person(s) mentioned below (who is/are member(s) of family) and confer on him/them the right to receive to the extent specified below, any gratuity the payment of which may be authorised by the Central Govt. in the event of my death while in service and the right to receive on my death, to the extent specified any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Name(s) and address of nominee(s)	Relation	Age	Amount payable to each in %	Name, address & relationship of persons if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the subscriber or the nominee dying after the death of the subscriber but before receiving payment.	Amount payable in %
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Name (s)

Name:

Address

Relation:

Address:

This nomination supersedes the nomination made by me earlier, which stands cancelled

Place ; _____

Dated ; _____

Signature of the Individual

Name _____

Rank _____ No _____

Witnesses Signature

a) Name _____ Rank _____ No _____ sign _____

b) Name _____ Rank _____ No _____ sign _____

COUNTERSIGNED

File No.

ICGS :

Dated _____

- Note:** (1) Married personnel should nominate only wife.
 (2) Unmarried personnel can nominate as per desire
 (3) As per as possible nomination should not be made in favour of minor(s)

WILL BEQUEATHING ALL TESTATOR'S PROPERTY TO HIS WIFE OR OTHER RELATIVES

I, Name _____ Rank _____ No _____
Address _____ hereby
revoke all former wills and testamentary dispositions made by me and by this last will devise
and bequeath all my immovable/movable property whatsoever and where-so-ever to (Name of
wife/other person) _____ Relation _____ and appoint her/ him
Name _____ Relation _____ executrix/ executor of this my will.

In witness whereof I have hereunto set my hand this _____ day of _____.

Signature of the Individual

Name : _____

Rank : _____ No : _____

(Testator) as his last will in the presence of us present at the same time who at his request in his
presence and in the presence of each other have hereunto subscribed our names as witnesses.

a) Name _____ Rank _____ No _____ sign _____

b) Name _____ Rank _____ No _____ sign _____

COUNTERSIGNED

File No.
ICGS :
Dated _____

DETAILS OF FAMILY

(Nomination for family pension)

Name of the Govt Servant : _____
 Rank and Personal Number : _____
 Date of Birth : _____
 Date of Appointment (enrolment) : _____
 Details of the members of my family as on _____ date

Relation Ship	Name	Date of Birth	Occupation & Income	Marital Status
a) Wife
b) Son(s) Below 25 Yrs age)
c) Daughter(s) (unmarried & below 25 yrs age)
d) Father
e) Mother

I hereby undertake to keep the above particulars up-to-date by notifying to the Bureau of Naviks any addition or alteration.

Place : _____
Dated : _____

Signature of the individual
Name _____
Rank _____ No. _____

COUNTERSIGNED

File No
ICGS
Dated _____

Note : The name of following only to be included as per Rule 54 of CCS (Pension) Rules
a) **Married Personnel**: Family for this purpose means wife and dependent children only
b) **Unmarried Personnel** : Family for this purpose means dependent parents only

DECLARATION OF FAMILY MEMBERS (KINDERED ROLL)

(To be prepared in duplicate)

I _____ Rank _____ No. _____ certify that the details of my parents and other members of my family whether dependent or not dependent are as under:-

Relation	Name	Age with date of birth	Occupation	Income from all sources	Married
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1. Wife

2. Children

(i)

(ii)

3. Father

4. Mother

5. Brothers

(i)

(ii)

(iii)

6. Sisters

(i)

(ii)

(iii)

Certified that the above particulars are true to the best of my knowledge and belief, I understand that if on verification, any of the above statements I have made are found to be false, I will be liable to disciplinary action.

(Signature of individual)

Name _____

Rank _____ No. _____

COUNTERSIGNED

File No.

ICGS :

Dated _____

Note: The name of all family members whether dependent or not should be listed showing their occupation, income from all sources and marital status

DECLARATION OF MARRIAGE

1. Particulars of Officer:
 Name : _____ Rank : _____ Number : _____
 Religion : _____ Native _____
 Place: _____

2. Particular of individuals father:
 Name : _____ Address : _____

 _____ Pin _____

Nearest Police Station: _____ Nearest Rly Station : _____

3. Particulars of marriage:
 Date of Marriage : _____ & under what rites performed _____
 Marriage performed at (residence/place/address) _____
 _____ Pin _____

4. Particulars of wife:
 Madden Name : _____ Present Name : _____
 Present Address _____
 _____ PIN _____

5. Particulars of wife Parents:
 Fathers Name : _____ Mother's Name _____
 Addr _____ Pin _____

6. Particulars of children prior to present marriage:
 Name : _____ Age : _____
 Name : _____ Age : _____

7. Particulars of Children of the wife
 Name : _____ Age _____
 Name : _____ Age _____

8 The name and address of two important persons (living attended)

Sl.No	Name	Address
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i.

ii.

(To be completed only by Hindu sailors who contracted marriage in the state of Maharashtra and Gujarat)

- a) whether the marriage is registered :
- b) Date of Registration No. :
- c) Marriage Registration of Marriage :
- d) Date of Marriage :
- e) District and State :

Certified that the information furnished is correct.

Divisional Officer's Signature

Officer's Signature

Date _____

II

The above mentioned officers has been warned that making false declaration is serious offence.

- 1. Certified that the sailor is not in receipt of money in lieu of quarters

Dated : _____

GPF NOMINATION FORM

I _____ Rank _____ No. _____ hereby nominate the person mentioned below, who is a member of my family as defined in Rule 2 of the General Provident Fund(Central Services) Rules 1960 to receive the amount that may stand to my credit in the fund, in the event of death before that amount has become payable, or having become payable has not been paid.

Name & Address of Nominee	Relation ship	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address and relationship of person if any to whom the right of nominee shall pass in the event of predeceasing the subscriber.
1	2	3	4	5
Name(s)				Name:
Address:				Relation:
				Address:

Dated this _____ day of _____ at Diglipur

Signature of the individual

Name: _____
Rank: _____ No: _____

Two witness to sign:

- a) Name _____ Rank _____ No _____ sign _____
- b) Name _____ Rank _____ No _____ sign _____

COUNTERSIGNED

File No.
ICGS :
Dated : _____

- Note:** (1) Family for the purpose of GPF means (a) Wife (b) Parents (c) Children (d) Minor Brothers/Un-married sisters
- (2) Married personnel have to invariably nominate spouse. However, share may be allocated among the nominees as per desire of individual.

NOMINATION FOR INSURANCE BENEFITS FROM
NAVAL GROUP INSURANCE FUND

No. _____ Rank _____ Name _____ hereby nominated the person/persons below and confer him/her/them the right to receive any amount that may be sanctioned from Naval Group Insurance Fund in the event of my death whilst in service.

(A) For Unmarried Personnel

(a) 100% for Parents/dependent Brother/Sister

Sl no.	Name(s) & address of the Nominee or Nominees	Age & Relationship	Amount Payable (%)
1			
2			
3			

(B) For Married Personnel

(a) Parents upto 33 $\frac{1}{3}$ % of insurance benefits (Parents/dependent Brother/Sister).

Nucleus Family for balance 66 $\frac{2}{3}$ % of insurance benefits payable i.e. Nucleus family (Wife or Husband/Son/Daughter/adopted children)

Sl no.	Name(s) & address of the Nominee or Nominees	Age & Relationship	Amount Payable (%)
1			
2			
3			
4			

OR

(b) 100% Nucleus Family (Wife or Husband/Son/Daughter/adopted children)

Sl no.	Name(s) & address of the Nominee or Nominees	Age & Relationship	Amount Payable (%)
1			
2			
3			
4			

Note:- Instructions for filling up the nomination form are on the reverse.

This nomination supersedes the nomination made by me earlier which stands cancelled and I have read the instructions on the reverse of this form.

Rubber stamp of the Unit
with date

Signature of Individual
Place _____ Date _____

Countersigned by CO of Ship/Establishment

FILLING INSTRUCTIONS

1. The individual should draw lines across the blank space below the last entry to prevent insertion of any name after he has signed.
2. In case of married personnel, an individual may nominate dependent parents/brothers/sister with provision that their aggregate share should not exceed 33 $\frac{1}{3}$ % of total benefits. However, if the nomination is made in excess of 33 $\frac{1}{3}$ % of total benefits, the same shall be restricted to 33 $\frac{1}{3}$ % only and the rest 66 $\frac{2}{3}$ % of the aggregate share would be assigned to the nucleus family, i.e. wife/husband/son/daughters.
3. File fresh/revised nomination immediately on occurrence of any casualty viz. marriage, divorce, death of the nominee.
4. Be extremely careful in exercising your options.