FORM 3

Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees Group Insurance Scheme

				, 2021, Rule 5 of Ge Insurance Scheme,		ovident Fund (Centr	al Services) Rules, 1960
him/her/them th i. any gratuity th ii. amount that 1	ne right to recome payment of the may stand to	ceive in the of which m my credit	e event of my deat ay be authorised u in the General Pro	h, to the extent speci ander rule 44 and Ru	ified below le 45 of C	w, amount on accou CCS (Pension) Rules	
Name, date of birth (DOB) and address of the nominee	Relation- ship with employee / pensione r	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee	Share to be paid to each	Name, DOB and address of person whomay receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8
These nomination	ons supersed	le any nom	inations made by:	me earlier.			
Place :	-	·	Sig	gnature of Governme	ent servan	t:	
Date: :				obile No.:			
Note 1 : Compl	letely strike	out the ber	nefits for which ne		ended to l		copies of this nomination
Note 2 : The Go after he/she has		ervant shal	draw lines across	s the blank space bel	low the la	st entry to prevent t	he insertion of any name
Note 3 : The no	minee(s)/ alt	ernate non	ninee(s)' shares to	gether should cover	the whole	amount.	
		(To be	filled in by the H	ead of Office/author	ised Gaze	tted Officer)	
Received the no	ominations, d	lated	, ı	ander the following I	Rules :-		
			es, 2021 for Gratu	-			
			rvices) Rules, 196	•			
	`		oup Insurance Sch				
made by							
Shri/Smt./Kuma	ari						
Designation				••			
Office				••			

(Strike out which nomination is not received)

	ot of nomination(s) made by the Government servant is of nomination(s) has been made in page	1	
(Name, Signatur	are and Designation of Head of Office/authorised Gaz	cetted Officer with seal)	
Signature	:	_	
Name	:	-	
Designation	:		
Seal	:		
Date of receipt	:		

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.