FORM - 'A'

FORM OF NOMINATION

When the subscriber has a family and wishes to nominate one member thereof,

I, _____, hereby nominate the person mentioned below, who is a member of my family as defined in SR 2(8) to receive the amount that may stand to my credit in the Fund in the event of my death before that amount has become, payable, or having become payable has not been paid.

Name and Address nominee	Relationship with subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address of and relationship of the person/ persons, if any, to whom the right of the nominee shall pass in the event of is/her pre-deceasing the Subscriber
1.				
2.				

Dated this _____ day of _____

At _____

Signature of subscriber

Signature of two witnesses

(1)_____

_____

(2)_____

_____

FORM 1

[See Rules 53(1)]

Nomination for Retirement gratuity/Death Gratuity

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

I,_____ hereby nominate the person/persons 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 Delhi Pollution Control Committee 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)				Alternate nominee(s)	
Name & addresses of Nominee (s).	Relationship With Govt. Servant	Age	Amount of Share of gratuity to payable to each	Name, address, relationship and age of the person (s), If any to whom right conferred on the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on _____
Which stand cancelled.

Dated this _____day of _____at_____

Signature of Government servant

Signature of two witnesses

(1)_____

_____

(2)_____

_____

NOMINATION FOR BENEFITS UNDER THE GROUP SAVING LINKED INSURANCE SCHEME(GSLI)

(When the Government Servant 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 amount that may be sanctioned by the Delhi Pollution Control Committee under Group Saving Linked Insurance Scheme of Life Insurance Corporation in the event of my death while in service and the right to received on my death , to the extent specified below, any gratuity, which having become admissible to me on my attaining the age of superannuation may remain unpaid at my death.

Sl. No	Name & addresses of Nominee(s)	Relationship With Govt. Servant	Age	Share of Amount to be paid to each.	Contingencies On the happening of which the nomination shall become invalid.	Name address relationship the person, If any to whom right of the nominee shall pass in the event of his predeceasing the Government servant.
1	2	3	4	5	6	7
1.						
2.						
3.						
4.						
5.						
6.						

N.B.:- The Government Servant should draw lines across the blank space below his entry to present insertion of any names after he/she has signed.

Dated this _____ day of _____ at _____

Signature of Government servant

Signature of two witnesses

(1)_____

_____

(2)_____

_____

This column should be filled in so as to cover whole amount that may be payable under the Insurance Scheme.

FORM 3

[See Rules 54(12)]

Details of family

Name of the Government servant : _____

Designation : _____

Date of Birth : _____

Date of appointment : _____

Details of the members of my family* As on _____

S. No.	Name of the members of family*	Date of Birth	Relationship with the officer	Initials of the Head of Office	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

Place_____

Dated the _____

Signature of Government servant

*Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules. 1972.

NOTE- Wife and Husband shall include respectively judicially separated wife and husband.

DECLARATION FORM

(For Leave Travel Concession and Medical Facility)

I..... hereby declare that the following are members of my family who are wholly dependent on me.

DETAILS OF FAMILY

(i) Husband, Wife, Children, Step Children

SLNo.	Full Name	Relationship	Date of Birth

(ii) Father, Mother/Minor Brothers/Sisters/Widowed Daughters/Widowed Sisters, residing with me

SLNo.	Full Name	Relationship	Age in case of minor brothers/ sisters/children and date of birth) **Date of birth**	Status Married/ Unmarried/ Widowed
			/ /	
			/ /	
			/ /	
			/ /	

UNDERTAKING

I undertake that –

1. The children/step children claimed to be dependent do not have income exceeding Rs.3500/- per person just month from all sources including stipend and scholarship.
2. The income of parents from all sources including pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits) does not exceed Rs.3500 / -per month. (If anyone mother/father has the said income, both of them will come under dependents category.)
3. My father is not alive/ my father is wholly dependent on me and income of my widowed sisters/unmarried sisters does not exceed Rs.3500/-per month. From all sources. For each person.
4. In the event of any change in the status of any of the above mentioned persons. which effects the eligibility, I shall inform the Health Centre and DOFA Office immediately about the same.
5. The particulars of dependent members of my family as given are correct. If any statement is found to be untrue I shall be liable for disciplinary action.

Date:

Signature: .....
Name: .....
Designation:.....
Department:.....
P.F.No.:.....

FORWARDED

(Head of the Department)

Note: Children getting stipend or scholarship exceeding Rs.3500/- per month will not be entitled for LTC but they will he eligible for Medical Facilities.