

**Home town declaration for the purpose of leave travel
Concession required under Ministry of Home Affairs
O.M. No.45/1/55-Estt(II), P.T. dated 11.10.1956**

Name of the Staff Member

Designation of the post

Emolument as on 1.1.19

Home town (full address to be given).....

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Particulars regarding family members

Name

Age

Relation

Signature of the Staff Member

The declaration given above may be accepted.

REGISTRAR

Dated:

DIRECTOR & SR.PROFESSOR

NOMINATION FORM
IIPS's Death-cum-Retirement Gratuity Scheme

1. Name: _____
2. Sex: _____
3. Religion: _____
4. Father's name: _____
5. Marital Status: _____
(whether unmarried, married, widow or widower)
6. Husband's name: _____
(for married women only)
7. Date of Birth Day _____ Month _____ Year _____
8. Permanent Address: _____

Village _____ Thane _____

Taluka/Sub-Division _____ Post Office _____

District _____ State _____

I hereby nominate the person(s) mentioned below to receive the amount of gratuity in the event of my death before that amount becomes payable on having become payable, has not been paid, and direct that the said amount shall be distributed amongst the said person(s) in the manner shown against his/her/their name(s):-

Name(s) and address of Nominee or nominee's	Nominee's relationship With employees	Age(s) of nominee(s)	Amount or share of gratuity to be paid to each nominee
_____ 1 _____	_____ 2 _____	_____ 3 _____	_____ 4 _____

Certified that:

- i. I have no family and should I acquire family hereafter, te above nomination should be deemed as cancelled.
- ii. My father/mother/sister(minor brother(s) is/are dependant

Dated this _____ day of _____ 20 _____ at _____

Signature of the employee

Two witnesses to signature:

1. _____
2. _____

REGISTRAR

.....Provident Fund.....
SUBSCRIBER'S NOMINATION

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

I hereby nominate the persons mentioned below, who are members of my family as defined in Rule 2 of the *.....

Provident Fund.....Rules.....

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, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names;-

Name and address of nominee in the event of subscriber's death	Relationship with subscriber	Age
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**Amount of share of Accumulations to be Paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of his nominee shall pass in the event of the Predeceasing the Subscriber
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N.B.- The subscriber should draw lines across the Blank space below his last entry to prevent insertion of any names after he/she has signed.

Dated this _____ day of _____ 20 _____ at _____

Signature of two witnesses:

1. _____
2. _____

Signature of Subscriber

*Here insert the words necessary to complete the name of the Fund concerned. General Provident Fund (Central Services), Contributory Provident Fund (India) Defence Savings Provident Fund, etc., as the case may be .

**This column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber in the Fund

REGISTRAR

