

**INDIAN COUNCIL OF MEDICAL RESEARCH
GENERAL PROVIDENT FUND
FIRST SCHEDULE [RULE 5 (3)]**

FORM OF NOMINATION

Account No. _____

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/non-member(s) 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 as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which nomination will become invalid	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rule 2, indicate the reasons

Dated this _____ day of _____ 20____ at _____

Signature of the Subscriber : _____

Name (in block letters) : _____

Designation : _____

Two witnesses to signature :

Name and Address	Signature
1. _____ _____	_____
2. _____ _____	_____

(Space for use by the Head of Office/Pay & Accounts Office)

Nomination by Shri/Smt./Kum. _____

Designation : _____

Date of receipt of nomination : _____

Signature of Head of Office/
Pay & Accounts Officer : _____

Designation : _____

Date : _____