



FORM - I

[See Rule 53 (1)]

Nominationf or Death-cum-Retirement Gratuity

When the Government servant has a family and wishes to nominate one member, or 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 Central Government 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 and address of nominee/nominees.	Relationship with the Government servant	Age	Amount of share of gratuity payable to each*	Name, address, relationship and age of the person of persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity.	Amount of share of gratuity payable to each*
1	2	3	4	5	6

* This column should be filled in so as to cover the whole amount of the gratuity.
 ** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).

This nomination supersedes the nomination made by me earlier on which stands cancelled.

Note : (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this day of
..... 20 at

Witnesses to signature:

1. Signature of Government Servant
2.

(To be filled by the Head of Office)

Nomination by Signature of Head of Office
Designation
Office Signature of Head of Office

Date :
Designation :

CENTRAL RESEACH INSTITUTE FOR JUTE AND ALLIED FIBRES
 INDIAN COUNCIL OF AGRICULTURAL RESEARCH
 P.O. BARRACKPORE, DIST. 24-PARGANAS(N), WEST BENGAL.

FAMILY DECLARATION

1. Name :
2. Designation :
3. Section/Division Attached :
4. Scale of Pay :
5. Residential Address :

Sl.No.	Name of the family members	Date of birth	Relationship	Wholly or partially dependent	Occupation and Income	Remarks

6. Residential address of the family, if any, who do not reside with the employees.

(a) Place :

(b) Name of members :

Certified that the above statements in respect of my family members are true.

Any change in the above statement shall be reported forth-with.

Date :
.....
(Signature)

Forwarding note of the
Head of Division/Section

Designation :

NOTE :

- a) Addition or deletion of any name in the declaration must be reported forthwith along with reasons.
- b) Documents in support of date of birth & Income if any, is necessary along with the declaration.
- c) Dependents having income less than Rs.500/- are treated as wholly dependent.
- d) Female employees, on their marriage, may choose either her parents or parent in law as family.
- e) She can change her option only once during entire service period.
- f) Husband & Wife, when both employed, shall submit joint declaration of option to avail different facilities for themselves and family members.
- g) Family includes husband, wife, father, mother, daughter, son, sister, minor brother etc.
- h) For any doubt please consult office.

I have seen the note above.

.....
(Signature)