**FORM 1**

**COMMON NOMINATION FORM FOR GRATUITY, GENERAL PROVIDENT FUND AND MIZORAM STATE GOVERNMENT EMPLOYEES’ GROUP INSURANCE SCHEME, 2014.**

[See Rule 53 of CSS (Pension) Rules,1972, Rule 5 of General Provident Fund (Central Services) Rules,1960 and Mizoram State Government Employees’ Group Insurance Scheme, 2014]

I, ***TC. Lalkhuma***, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

1. any gratuity the payment of which may be authorized under Rule 50 of CCS (Pension) Rules.
2. amount that may stand to my credit in the General Provident Fund.
3. any amount that may be sanctioned by the Mizoram State Government Employees Group Insurance Scheme, 2014.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Names, date of birth (DOB) and addresses of the nominee. | Relation-ship with employee/pensioner. | 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 of nominee under Column(1) predeceases the employee/  pensioner. | Share to be paid to each. | Name, DOB and address of person who may receive the amount if alternate nominee in Column (5) is a minor. | Contingency on happening of which nominate-on shall become invalid. |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

This nomination supersedes any nomination made by me earlier.

Place and date : Aizawl, the 10th April, 2018.

Signature of Government Servant

Telephone No. 9436141961

Note 1: Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination may be used for nominating different persons for benefits (i), (ii) and (iii) above.

Note 2: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s) share together should cover the whole amount.

**(To be filled by the Head of Office/authorized Gazetted Officer)**

Received the nominations, dated ………………………., under the following Rules :-

1. Central Civil Services (Pension) Rules, 1972 for Gratuity.
2. General Provident Fund (Central Services) Rules, 1960.
3. Mizoram State Government Employees Group Insurance Scheme, 2014.

Made by Shri/Smt./Kumari : ***TC. Lalkhuma.***

Designation : ***Deputy Director(Admn.).***

Office : ***Directorate of Information & Communication Technology.***

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in page …….. Volume ….... of Service Book.

Name, Signature and Designation of Head of Office/authorized Gazetted Officer with Seal.

Date of receipt ……………………………..

The receiving Officer will fill the above information and return a duly signed copy of the completed Form to the Government Servant who should keep 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 page of this Form.