

ADITI MAHAVIDALAYA
(UNIVERSITY OF DELHI)
BAWANA, DELHI-110039

NOMINATION FOR BENEFITS UNDER GROUP INSURANCE SCHEME OF
UNIVERSITY OF DELHI AND ITS MAINTAINED INSTITUTIONS/AFFILIATED
COLLEGES

Appointment of Beneficiary

I _____ is an insured member of the group saving linked scheme of University of Delhi and its maintained institutions/affiliated colleges hereby appoint in terms of rule no. 13 (Appointment of Beneficiary) of rules governing the scheme, the person(s) mentioned below to be the beneficiary to whom the money payable in terms of the rules of scheme shall be paid in the event of my death.

NAME & ADDRESS OF BENEFICIARY/WHOM BENEFICIARIES SHALL	RELATIONSHIP WITH THE INSURED	AGE	SHARE OF AMOUNT TO BE PAID EACH	CONTINGENCIES ON THE HAPPING OF WHICH THE APPOINTMENT OF BENEFECIARY SHALL BECOME INVALID	NAME,ADDRESS & RELATIONSHIP OF THE PERSON, IF ANY,TO THE RIGHT OF PASS IN THE EVENT OF HIS PREDECEASING THE INSURED
1	2	3	4	5	6

N.B. :- Please draw lines across the blank space below the last entry to prevent insertion of any name after the insured has signed

Dated this _____ day of _____ 20_____

Signature of two Witness :

1. Signature _____
 Name _____
 Address _____

Signature of insured member _____
 Designation _____
 Department./Institution _____

2. Signature _____
 Name _____
 Address _____

Address _____
 Designation _____
 Deptt./Institution _____

