

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

NOMINATION FORM FOR DEFINED CONTRIBUTION PENSION SCHEME

I nominate the following person/persons.

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 Employee _____
 Designation _____

2. Signature _____
 Name _____
 Address _____

Department _____
 Address _____

PRINCIPAL

