

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

NOMINATION FORM FOR PROVIDENT FUND & GRATUITY

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

