



सत्यमेव जयते

कार्यालय प्रधान महालेखाकार (लेखा एवं हकदारी) -I, म.प्र.

भोपाल शाखा, 53 अरेरा हिल्स, होशंगाबाद रोड, भोपाल - 462011

दूरभाष : 0755-2554821, 2764037 फेक्स: 0755-2557452 ई-मेल: srdagaebhopal@cag.gov.in



लोकहितार्थं सत्यनिष्ठा
Dedicated to Truth
In Public Interest

क्रमांक/नि.वि1/स-6/डी- 718

दिनांक 03-09-2021

प्रति,

वरिष्ठ संभागीय लेखा अधिकारी,

संभागीय लेखा अधिकारी-1 एवं 2

विषय:- संभागीय लेखा अधिकारियों द्वारा Gratuity, General Provident Fund and Central Government, Employees' Group Insurance Scheme का नॉमिनेशन फॉर्म भर कर प्रेषित किये जाने बाबत |

उपरोक्त विषयांतर्गत संभागीय लेखा अधिकारी संवर्ग को निर्देशित किया जाता है कि दिनांक 01-01-2004 के पूर्व कार्यग्रहण किये हुए समस्त संभागीय लेखा अधिकारी Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980] के तहत, Form 1- Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme भरकर एवं संभाग/विभाग के कार्यालय प्रमुख से प्रतिहस्ताक्षरित करवाते हुए, एक प्रति अपनी सेवा पुस्तिका में चस्पा करें एवं एक प्रति इस कार्यालय को प्रेषित करें |

संलग्न:- उपरोक्तानुसार

(प्राधिकार:- वरिष्ठ उप महालेखाकार (नि.ले.) के आदेश दिनांक 03-09-2021)

वरिष्ठ लेखा अधिकारी/नि.वि.1

Form 1

Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I,, 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:

- i. any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Name, date of birth (DOB) and address 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 the 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 Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant

Telephone No.

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form 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)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorised 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. Central Government employees Group Insurance Scheme, 1980

made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in pageVolume.....of Service Book.

Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it 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 pages of this Form.