FORM B

Nomination of Death Gratuity

[When the officer has a family and wishes to nominate more than one member thereof]

I hereby nominate the person mentioned below, who are members of my family and confer on them the right to receive to the extent specified below, any gratuity that may be sanctioned by Government in the event of my death while in service.

Name and address of nominee.	Relationship with officer.	Age.	Amount of Share of gratuity payable to each.	Contingencies on the happening of which the nomination shall become invalid.	Name, address and relationship of the person or persons if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the officer or the nominee dying after the death of the officer but before receiving payment of the gratuity.	Amount of share of gratuity payable to each.
This nominat	ion supersedes the non	nination made	by me earlier on		which stands cancelled.	

This nomination supersedes the nomination made by me earlier on ______ which stands cancelled. N. B. -The officer shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this	day of	19
at		
Witnesses to Signature		
1		
2		Signature of Officer.
Note 1Fourth column should be filled in so	as to cover the whole amount of gratuity.	
Note 2 The amounts/share of gratuity show	n in last column should cover the whole amount/share payable to the	e original nominees.
(T	o be filled in by the Head of Office in the case of non-gazette	ed officers)
Nomination by		Signature of
		Head of Office
Designation	<u>.</u>	Dated
Office		Designation
Proforma for ac To	knowledging the receipt of the Nomination Form by the	Head of Office/Audit Officer.
Sir.		
In acknowledging the receipt of	your nomination dated	cancellation dated of the nomination
made earlier, in respect of D. G. in Form	nI am to state that they have	been duly placed on record.
		Signature of Head of Office/Audit Officer.

SCH.XV]

Designation.

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