

(See Rule 47 (12))

Details of Family

Name of Government Servant

Residence

Date of birth

Date of appointment

Details of the members of my family as on

S. No.	Name of the members of family	Date of Birth	Relation-ship with the government servant	Initials of the Head of office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					
5					
6					
7					
8					
9					

I hereby undertake to keep the a home particulars up-to-date by notifying to the Audit Officer/Head of office any addition or alteration.

Place

Date

Signature of Government Servants.

Family for child dependance means--

- (a) Wife, or wives in the case of a male Government servant;
 - (b) husband, in the case of female Government servant;
 - (c) sons below eighteen years of age and unmarried daughters below twenty-one years of age, including such sons or daughters adopted legally or by retirement
- Wife and husband shall include respectively judicially separated wife and husband.

(To be filled in by Head of Office/Audit Officer)

Signature of Head of Office

Audit Officer.

(See Rule 46(1))

Nomination for Death-cum-Retirement Gratuity

When the Government servant has no family and wishes to nominate one person or more than one person

I,.....having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the State Government in the event of my death while in service or after retirement:-

Original nominee(a)			Alternate nominee(s)		
Names and addresses of nominee nominees	Relationship with Government's servant	Age	Amount of share of gratuity payable to each nominee in the event of	Name, Address, relationship and age of the person/persons, if any to whom gratuity the right conferred on the nominee shall pass in the event of the nominee prede- <th>Amount of share of</th>	Amount of share of
(1)	(2)	(3)	(4)	(5)	(6)
				ceasing, the Government's servant or the nominee dying after the death of the Government servant but before receiving payment of Gratuity	

This nomination supersedes the nomination made by me earlier on..... which stands cancelled.
 Note:- (1) The Government servant should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.
 + (11) Strike out if not applicable.
 Dated this..... day of..... 197, at.....
 Witness to signature:

1.
 2.
 Signature of Government Servant.

*This column should be filled in so as to cover the whole amount of the gratuity.
 ** The amount share of the gratuity shown in this column should cover the whole amount share payable to the original nominee(s).

(To be filled in by the Head of Office/Audit Officer)

Nomination by.....

.....
Signature of Head of Office/
Audit Officer.

Designation.....

Date.....

Office.....

Designation.....

PROFORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM
BY THE HEAD OF OFFICE/AUDIT OFFICER

To

.....
.....
.....

I acknowledge the receipt of your nomination dated the
/ cancellation dated the of the nomination made earlier in respect
of gratuity in Form..... and state that it has been fully placed no
record.

Place.....
Dated.....

.....
Signature of Head of Office/
Audit

Officer
(Designation)

Notes- The Government servant is advised that it would be in the interest
of his nominees, in copies of the nominations and the related notices
and acknowledgments are kept in safe custody so that they may come
in to the possession of the beneficiaries in the event of his death.

CCPB - 937 - DC/CBPB §10-8-77-53,006.

मध्य-प्रदेश शासकीय कर्मचारी समूह बीमा योजना 1985 के अंतर्गत लाभों के लिए नामनिर्देशन जब शासकीय कर्मचारी का कोई परिवार हो और वह उसके सदस्य या एक से अधिक सदस्यों को नामनिर्देशित करना चाहता/चाहती हो।

में, रतद्वारा, सेवा में रहते हुए भरी मृत्यु हो जाने पर श्रेय हुई या भरे द्वारा अधिवाधिकी की आयु पूरी कर लेने पर श्रेय हुई किन्तु भरी मृत्यु के समय अस्तित्व रही किसी भी रकम को जो कि मम. प्र. शासन द्वारा मध्यप्रदेश शासकीय कर्मचारी समूह बीमा योजना 1985 के अंतर्गत मंत्र की जाये, नीचे निम्ननिर्दिष्ट परिणाम में प्राप्त करने के लिये नीचे उल्लिखित व्यक्ति /व्यक्तियों को जो कि भरे परिवार का/के सदस्य है /है, नाम निर्देशित करता/करती है और उसे /उन्हें उक्त रकम प्राप्त करने का अधिकार प्रदान करता/करती है।

नामनिर्देशित/नाम निर्देशितियों का/के नाम तथा पता/पते	शा0 कर्मचारी से संबंध	आयु श्रुत्येक किन घटनाओं उस व्यक्ति का कोकितना के छिटितहोने नाम पता तथा हिस्सा पर नाम निर्देश- संबंध यदि कोई संदतत शन अवधि मोन्य-हो जिसे शा0 कियत जायेगा। होजायेगा। कर्म. की मृत्यु के पूर्व नाम
--	-----------------------	--

निर्देशियों की मृत्यु हो जाने की स्थिति में नामनिर्देशित का अधिकार समाप्त हो जायेगा।

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

टिप्पणी:- शासकीय कर्मो को अपनी अंतिम प्रविष्टि के बाद खाली स्थान के आरपार एक रेखा खींच देनी चाहिए ताकि उसका हस्ताक्षर के बाद कोई भी नाम अंत स्थापित न किये जा सके।

दिनांक..... माह..... वर्ष..... स्थान.....

दो साक्षियों के हस्ताक्षर

1.
2.

शा0कर्मचारी के हस्ताक्षर

शुद्ध खाना इस प्रकार भरा जाना चाहिए कि बीमा योजना के अंतर्गत श्रेय संपूर्ण रकम का समावेश हो जाये।

DECLARATION

I, _____ (Name) _____ (Designation & Office) declare as Under:-

(a) That I reside in the house located at _____ (Full postal Address), which belongs to me/my spouse/children/father/mother(strike off whichever is in applicable and if it belongs to anyone other than self, give the name and address of the aforesaid relation to whom it belongs) and I do not pay rent to anybody. I have been living in this house continuously from _____ (date).

(b) That I am paying/contributing towards house or property tax or maintenance of the house.
(c) No other person who is a government servant resides with me in the above house.

OR

The following persons who are government servants reside with me in the above house :-

- Name of government servant _____ Office in which working with full particulars.
1. _____
 2. _____

The particulars given above are true to the best of my knowledge.

(Signature) _____
(Name) _____
(Date) _____

श्री लक्ष्मी नारायण प्रसाद के द्वारा प्रस्तावित विधेयक के अन्तर्गत
श्री लक्ष्मी नारायण प्रसाद के द्वारा प्रस्तावित विधेयक

1. शासकीय कर्मचारी का नाम
 एवं तथा विभाग
2. रोजी का नाम, उम्र एवं शासकीय कर्मचारी
 से संबंध रखने वाले ही, जो निम्न विभाग में

 1. बच्चों की कुम संस्था
 2. बच्चों की अन्य संस्था
 3. बच्चों की कुम संस्था

3. श्री शासकीय कर्मचारी के तननाम का भाग
4. लीगल का नाम व अवस्था
5. शासकीय कर्मचारी के तननाम का भाग
6. शासकीय कर्मचारी के तननाम का भाग

हस्ताक्षर