GROUP INSURANCE SCHEME ENFORCED FOR INSTITUTE EMPLOYEES VIDE G. O. NO. SHIKSHA (10)/ 1570-15-77 DATED 31.03.1977 FROM GOVT. OF UTTAR PRADESH

NOMINATION FORM

Part 'A'

To,

The Dean, Finance & Planning
Indian Institute of Technology Roorkee,
Roorkee – 247 667

I hereby nominate that person/persons mentioned below to whom in the event of my death, the amount accruing to my credit as a member of the Group Insurance Scheme operating in the I.I.T. Roorkee would be payable:-

Sl. No.	Name of the Nominee	Full Address	Age	Relationship with insured	Where nominee is minor, date of the birth of the nominee
1	2	3	4	5	6

As the nominee(s) against serial number(s) specified above is/are minor(s). I appointed Sri/Smt……. (Name & Address of the person to receive the sum due under the said scheme in the event of my death, while the nominee(s) is/are still a minor(s).

1. Signature of the Appointee……
2. Signature of Employees…….
   Name……..
   Designation of Employee…….
   Department of Employee…….

Witness:-

Name…….

Full Address……..

……

Signature……