



NATIONAL INSTITUTE OF IMMUNOLOGY
Nomination for Retirement Gratuity & Death Gratuity

I, Dr./Ms. (Name in full block letters), Son/wife/daughter of Dr./Sh/Shrimati.....hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before the amount has become payable or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominees. This is in supersession of any previous nomination, if any made by me in this regard.

Original nominee(s)				Alternate nominee(s)	
Name in full with address of the nominee (s)	Relationship with the employee	Date of Birth/ Age of the Nominee(s)	Share payable to each nominee*	Name, Date of Birth, address relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Institute employee or the nominee dying after the death of the Institute employee but before receiving payment of gratuity	Amount or share of gratuity payable to each**
1.					
2.					
3-					

This nomination supersedes the nomination made by me earlier, if any, onwhich stands cancelled.

- Note: (i) The Institute employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.
(ii) Strike out which is not applicable.

*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).

Signatures.....

Name in (block letter).....

Post held.....

DECLARATION BY WITNESSES

Appointment of Nominee signed/thumb impressed before me:

- 1.
.....
.....
- 2.
.....
.....

Signature of Witnesses
.....
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FOR OFFICE USE

Certified that the particulars of the above appointments of Nominee(s) have been verified and recorded in this establishment.

Signature of the Officer authorised:.....
Designation :.....