:FORM NO.-3: {See Rules 54 (12)}

:DETAILS OF FAMILY:

1.	Name of the Govt. Servant	:	
2.	Designation	:	
3.	Date of Birth	:	
4.	Date of appointment	:	
5.	Details of the member of my family* as On	:	

Date_____

SI.No.	Name of members of "Family"	Date of Birth	Relationship with official	Initial of the Head of	Remarks
				Office	

I hereby undertake to keep the above particulars up to date by notifying to the Accounts Officer/Head of Office any addition or alteration.

Place:_____

Dated :_____ SIGNATURE OF THE GOVT. SERVANT

* Family for this purpose means:-

- (a) Wife, in the case of male government servant.
- (b) Husband, in the case of a female government servant.
- (c) Son's below 25 years of age and unmarried daughters below 25 years of age:

Including such on or daughter adopted legally before retirement.

NOTE: Wife and husband shall include receptively judicially separated wife and husband.

<u>FORM –I</u>

NOMINATION FOR DEATH CUM RETREMENT GRATUITY

When the Government servant has a family and wished to nominate one member or more than one member, thereof.

I_______hereby nominate the person/persons mentioned below who is/are members(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Central Government in the event of my death to the extent specied below, any gratuity which having become admissible terms on retirement may remains unpaid at my death:-

Original nominee (s)					Alternate nominee(s)
	Relationship vith the Govt. Servant	5	share c gratuity	to	Name address, relationship Amount of and age of the person, if any , to whom the right conferred on the nominee on the nominee shall pass in the event of the nominee pre-deceasing the Govt. Servant or the nominee dying after the death of the Govt. servant but before, receiving payment of gratuity

* This column should be filled in so to cover the whole amount of the gratuity.

** The amount share of the gratuity shown in this column should cover the whole share payable to the original nominee(s)

This nomination supersedes the nomination made by me earlier on	which
stand cancelled.	

(ii) Strike out which is not applicable.

	Date this	day of		20	at	
--	-----------	--------	--	----	----	--

Witness to Signature.

1_____

2_____

Signature of Government Servant.

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

Signature of Head of Office/ Audit Officer

Nomination by	/
---------------	---

Designation _____

Office _____

Dated_____

Designation _____

NOMINATION FOR FAMILY PENSION

	I hereby	y nom	inate	e the who	c a	are members	of	my fa	amily to	o re	ceive	in the	order	shown bel	ow t	he f	amily
pensio	n which	may	be	granted	у	Government	in	the	event	of	may	death	after	completior	ו of	10	yeas
qualifyi	ng servi	ce:-															

Name & Address of nominee	Relationship with official	Age	Whether married or unmarried								
This nomination supersedes the cancelled.	e nomination made by me earlie	er on	which stands								
Date this d	ay of2	200									
Witness of Signature											
1											
2											
Date		Signature of C	Government Servant								
(To be filled in b	y the Head of Office in the cas	se of Non-Gazett	ed Officer)								
Nomination by											
Designation											
Office											
Date											
Designation		Signature of Head Of Office									
(Acknowledging	the receipt of the Nomination	Form by the Hea	nd of Office)								
То,											
Shri/Smt											
Sir,		l tha									
dated the I am stat		nade earlier, in									
Place		Signature of H	lead of Office								
Dated the		Designation									