

**NOMINATION FOR ORDINARY GRATUITY/DEATH-CUM-RETIREMENT GRATUITY WHEN THE RAILWAY SERVANT HAS A FAMILY AND WISHES TO NOMINATE THE MEMBER THEREOF**

I, hereby, nominate the person mentioned below, who is a member of my family and confirm on him/her/them the right to receive any gratuity that may be sanctioned by Govt. in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid on my death

Name and Address of the Nominee	Relationship with the Rly servant	Age	Contingencies, on the happening of which the nomination shall become invalid	Name, Address & relationship of the person(s), if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Rly servant or the nominee dying after the death of the Rly. servant but before receiving payment of the gratuity	Amount of share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on (date) \_\_\_\_\_ which stands cancelled.

Dated, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

Witness to Signature :

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
( Signature of Railway Servant )

Contd.....

( 2 )

No.3. Name, Address and relationship of the person(s), if any, to whom the right conferred on the nominee shall pass in the event of the nominees predeceasing the Rly.servant or the nominee dying after death of Rly.servant but before receiving payment of the gratuity.

---

( To be filled in by the Head of Office in the case of Non-gazetted Railway servant)

Nomination by \_\_\_\_\_  
(Signature of the Head of Office)

Designation \_\_\_\_\_ Designation \_\_\_\_\_

Date : \_\_\_\_\_

Office : \_\_\_\_\_

---

ACKNOWLEDGEMENT BY THE HEAD OFFICE / ACCOUNTS OFFICER

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

The receipt of your nomination date/cancellation date \_\_\_\_\_ nomination made earlier in respect of death-cum-retirement gratuity in Form No. 3 is hereby acknowledged. The same have been duly placed on record.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Head of Office/  
Accounts Officer.

Designation : \_\_\_\_\_

**EASTERN RAILWAY**  
**FORM-E / NOMINATION FOR FAMILY PENSION**

I, hereby, nominate the person(s) mentioned below, who are members of my family, to receive in the order shown below, the family pension which may be granted by Govt. in the event of my death after completion of 20 years of qualifying service.

Name and Address of Nominee	Relationship with the Rly. servant	Age	Whether married or unmarried
-----------------------------	------------------------------------	-----	------------------------------

N.B. The Rly. Servant should draw lines across blank space below the last entry to prevent the insertion of any name after he has assigned.

This nomination supersedes the nominations made by me earlier on(date) \_\_\_\_\_, which stands cancelled.

Dated, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

Witness to Signature :

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
( Signature of Railway Servant )

( To be filled in by the Head of Office in the case of Non-gazetted Railway servant)

Nomination by \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Head of Office)

Designation \_\_\_\_\_ Designation \_\_\_\_\_

Date : \_\_\_\_\_

Office : \_\_\_\_\_

**ACKNOWLEDGEMENT BY THE HEAD OFFICE / ACCOUNTS OFFICER**

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The receipt of your nomination date/cancellation date \_\_\_\_\_ nomination made earlier in respect of death-cum-retirement gratuity in Form No. 3 is hereby acknowledged. The same have been duly placed on record.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Head of Office/  
Accounts Officer.

Designation : \_\_\_\_\_

**EASTERN RAILWAY  
NOMINATION FOR ENCASHMENT FOR UN-UTILISED LEAVE  
SALARY**

When the Railway servant has a family and wishes to nominate one member or more than one member thereof.

I, hereby, nominate the person(s) mentioned below, who is/are member(s) of my family and confer on him/her/them the right to receive to the extent specified below any amount of Leave Salary money that may be sanctioned by the Minister of Railways/Railway Administration in the event of my death while in service or which having become payable on attaining the age of 60 years may remain unpaid at my death.

Name and Address of the Nominee/Nominees	Relationship with the Rly servant	Age	Contingencies, on the happening of which the nomination shall become invalid	Name, Address & relationship of the person(s), if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Rly servant or the nominee dying after the death of the Rly. servant but before receiving payment of the gratuity	Amount of share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nominations made by me earlier on (date) \_\_\_\_\_, which stands cancelled.

Dated, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

Witness to Signature :

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of the Railway Servant

**EASTERN RAILWAY  
STATE RAILWAY PROVIDENT FUND NOMINATION**

Department \_\_\_\_\_ Office/Station \_\_\_\_\_

I \_\_\_\_\_ hereby direct that the amount of my credit in my Account No. \_\_\_\_\_ of State Railway Provident Fund at the time of my death, excluding the special contribution admissible under Rules 1314 of the State Railway Provident Fund Rules, shall be paid to following person(s) to the extent indicated against each.

Name and Address of the Nominee/Nominees (Name in Block letters)	Nominee(s)'s Relationship	Age of Nominee(s)	Contingencies, on the happening of which the nomination shall become invalid	Name, Address & relationship of the person(s), if any, on whom the right of the nominee is conferred in the event of his/her predeceasing the Subscriber (Name in block letters)	Amount of share of accumulation in the fund to be paid to the nominee(s)
(1)	(2)	(3)	(4)	(5)	(6)

1. Signature of Witness \_\_\_\_\_  
 Name in Block Letter \_\_\_\_\_  
 Designation & Station \_\_\_\_\_  
 Date \_\_\_\_\_

2. Signature of Witness \_\_\_\_\_  
 Name in Block Letter \_\_\_\_\_  
 Designation & Station \_\_\_\_\_  
 Date \_\_\_\_\_

Countersigned and forwarded to \_\_\_\_\_  
 \_\_\_\_\_  
 for registration. One copy of the nomination has been filed in the personal file of the employee.

\_\_\_\_\_  
 Signature of the controlling officer  
 Date \_\_\_\_\_ Station \_\_\_\_\_

\_\_\_\_\_  
 Signature of Subscriber  
 Full Name in block letters :

\_\_\_\_\_  
 P.F.Ac.No. \_\_\_\_\_  
 Father's name in block letter :

\_\_\_\_\_  
 Whether depositor is married or unmarried : \_\_\_\_\_  
 Post held \_\_\_\_\_  
 Staff/Ticket No. \_\_\_\_\_  
 Deptt \_\_\_\_\_  
 Station \_\_\_\_\_

- Note : (1) Column 4 should be filled in to cover the whole amount at credit.  
(2) Where a subscriber is not a Hindu, Muhammadan, Buddhist or any other person exempted from the operation of the Indian Succession Act, 1925(XXXIX of 1925) this nomination shall forthwith stand cancelled in its entire on his/her marriage or remarriage.  
(3) Please see instructions on reverse.

---

( to be cut here )

No. \_\_\_\_\_ Date \_\_\_\_\_

To

\_\_\_\_\_

through the \_\_\_\_\_  
( Controlling Officer)

The Provident Fund Nomination executed by \_\_\_\_\_

on \_\_\_\_\_ as regards the disposal of your deposits in

P.F.Account No. \_\_\_\_\_ is hereby acknowledged.

It has been duly registered vide item No. \_\_\_\_\_

of Register No. \_\_\_\_\_ in this office.

---

FA&CAO/DAO/RAO/WAO

\*\*\*\*\*

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT  
EMPLOYEES GROUP INSURANCE SCHEME, 1980**

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

I, having no family, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive to the extent below any amount that may be sanctioned by the Central Government under Central Govt. Employees Group Insurance Scheme, 1980 in the event of my death while in service or which having become payable in my obtaining the age of super-annuation may remain unpaid at my death.

Name and Address of the Nominee/Nominees	Relationship with Govt. servant	Age	Contingencies, on the happening of which the nomination shall become invalid	Name, Address & relationship of the person(s), if any, to whom the right of the nominee shall pass in the event of his predecesing Govt. servant	Amount of share to be paid to each
(1)	(2)	(3)	(4)	(5)	(6)

Dated, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

Witness to Signature :

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of the Railway Servant

N.B. The Govt. servant should draw line across the blank space below his last entry to prevent the insertion of any names after he has assigned.

This column should be filled in so far as to cover, the whole amount that may be payable under the Insurance Scheme.

When a Govt. servant, who has no family, makes a nomination, he/she will specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.