**REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES, AIZAWL, MIZORAM**

**GSLI NOMINATION FORM (REVISED) OF MASTER POLICY NO. 64652**

I, ……………………………………………………………………………… hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount of any GSLI the payment of which may be authorised to the nominee(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name, date of birth (DOB) and address of the nominee | Relationship with employee | If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor | Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee | Name, DOB and address of person who may receive the amount if alternate nominee in Col. (4) is a minor | Contingency on happening of which nomination shall become invalid |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |

These nominations supersede any nominations made by me earlier.

Place : Signature :

Date : Name of employee : ………………………………………………………………

Mobile No : Designation : ……………………………………………………………..

 Department/Section : ……………………………………………………………….

Note 1 : The employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 2 : If an employee has a family at the time of making a nomination, the nomination shall be made in favour of one or more members of his family, and any nomination made by such employee in favour of a person who is not a member of his family, shall be void.

Note 4: If at the time of making a nomination the employee has no family, the nomination may be made in favour of any person or persons but if the employee subsequently acquires a family, such nomination shall forthwith become invalid and the employee shall make a fresh nomination in favour of one or more members of his family.

Note 6 : If a nominee predeceases the employee, the interest of the nominee shall revert to the employee who shall make a fresh nomination, in the prescribed form, in respect of such interest.

Note 7: Every nomination, fresh nomination or alteration of nomination, as the case may be, shall be sent by the employee to his employer, who shall keep the same in his safe custody.

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

Received the nomination, dated …………., made by Shri/Dr/Smt./Kumari .................................................................

Designation ................................................................. Department/Section .............................................................

Received and verified the nomination(s) made by the employee.. Entry of receipt of nomination(s) has been made in page …………Volume……….of Service Book and copy of nomination has also been attached in the Service Book.

Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal

Date of receipt......................................... The receiving officer will fill the above information and return photocopy of a duly signed copy of the complete Form to the employee who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death. The receiving officer shall put his/her dated signature on both pages of this Form.