Section - X Form I [See Rule 53(1)]

NOMINATION FOR DEATH - CUM - RETIREMENT GRATUITY

	I,		, ł	nereby	nominate the	person/persons mentioned belo	w who is/are	
memb	er(s)	of my family	, and confer on	him/tl	hem the right	t to receive, to the extent specifie	ed below, any	
gratui	ty, tha	nt may be san	ctioned by the (Governi	nent of Tamil	Nadu in the event of my death w	hile in service	
_	-	-	-			ied below, any gratuity which ha		
	_		-		_		wing become	
admis	sible t	to me on retir	ement may rem	iain unp	oaid at my dea	itn.		
		Orig	ginal Nominee(s)			Alternative Nominee(s)	
Nam	e and a	address of the	Relationship	Age	Amount or	Name, address relationship and	Amount of	
	nomi	nee(s).	with the		Share of	age of the person or persons, if	share of	
			Government		Gratuity	any, to whom the right conferred	gratuity	
			servant.		payable to	on the nominee shall pass in the	payable to	
					each*	event of the nominee pre-	each**	
						deceasing the Government servant or the nominee dying		
						after the death of the Government		
						servant but before receiving		
						payment of gratuity		
	([1]	(2)	(3)	(4)	(5)	(6)	
			1					
This n	omina	ation superse	des the nomina	tion ma	de by me earl	ier on which stands ca	incelled.	
Note:	(i)	The Govern	ment Employee :	shall dra	aw lines acros	s the blank space below the last er	itry to prevent	
11000	(1)	The Government Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.						
	(ii)	Strike out w	hich is not appli	cable				
	(iii)					/are minor, furnish the name and yee to receive the amount.	address of the	
		person with	relationismp to t	ne dove	imment Emplo	yee to receive the amount.		
* This	colum	n should be fil	lled in so as to re	eceive th	e amount.			
		nt / share of ti inee(s).	he gratuity show	n in thi	s column shou	ald cover the whole amount / share p	payable to the	
Dated	this _		day of		at	·		
	ss to s	signature						
1.								

2.

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

	Signature of Head of Office / Audit Officer.
Nomination by :	
	Dated :
Designation:	Designation :
Proforma for acknowledging the r	receipt of the nomination form by the Head of Officer / Audit Officer
То	
Sir,	
In acknowledging the receipt	t of your nomination, dated, the / Cancellation,
dated the I am to state that it has	of the nomination made earlier in respect of gratuity from been fully placed on record.
	Signature of Head of Office / Audit Officer.
Place :	,
Date :	Designation :

The Government Servant is advised that it would be in the interest of his nominees if copies of the

nomination and the related notices and acknowledgements are kept in custody so that they may

come in to the possession of the beneficiaries in the event of his death.

Note:

NOMINATION FOR TAMILNADU GOVERNMENT EMPLOYEES SPECIAL PROVIDENT FUND-CUM-GRATUITY SCHEME

Ι,	, hereby nominate the person/persons mentioned below who is/are
member(s) of my family,	and confer on him/them the right to receive, to the extent specified below, any
gratuity, that may be sand	tioned by the Government of Tamil Nadu in the event of my death while in service
and the right to receive or	n my death, to the extent specified below, any Tamilnadu Government Employee's
Special Provident Fund-c	um-Gratuity Scheme which having become admissible to me on retirement may
remain unpaid at my deat	h.

Original Nominee(s)				Alternative Nominee(s)		
Name and address of the nominee(s).	Relationship with the Government servant.	Age	Amount or Share of Gratuity payable to each*	Name, 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 predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount of share of TNGovt. ESP Fund cum Gratuity Scheme payable to each**	
(1)	(2)	(3)	(4)	(5)	(6)	

This n	his nomination supersedes the nomination made by me earlier on which stands cancelled.							
Note:	(i) (ii)	The Government Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed. Strike out which is not applicable.						
* This	colur	mn should be filled in so as to cover t	he whole amount of th	ne gratuity.				
		unt / share of the gratuity shown in t the original nominee(s).	this column should co	ver the whole amount / share				
Dated	this _	day of	at	·				
Witne	ss to s	signature						
1.								

2.

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

	Signature of Head of Office / Audit Officer.
Nomination by :	
	Dated :
Designation:	Designation :

FORM OF NOMINATION

I,, hereby nominate the person/persons mentioned below who						
is/are member(s) /	non-membe	rs of my fam	nily as define	ed in rule 2 of	the General Pro	vident Fund
(Tamilnadu) Rules, t	o received the	e amount that	may stand to	my credit in the f	und as indicated l	pelow, in the
event of my death tha	at amount has	become paya	ble or having	become payable	has not been paid	
Name and address of the nominee(s).	Relationshi p with the Subscriber	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, address relationship of the person(s) if any to whom the right of nominee shall pass in the event of his / her predeceasing the subscriber	If the nominee is not a member of the family as provided in rule 2, indicate the reasons
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Dated this day of at						
Witness to signature						

Signature.

Name and address

1.

2.

Signature of the Subscriber.

DETAILS OF FAMILY

:			
:			
:			
·			
	: : :	: : :	; ; ;

Sl. No.	Name of the Family Member	Date of Birth	Relationship of the Officer
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

-	1	
וע	ace	
11	acc	

Date:

Signature of the Government Employee

Family for this purpose means:-

- a) Wife, in the case of a male Government Servant.
- b) Husband, in the case of female Government Servant.
- c) Sons below eighteen years of age and unmarried daughters below twenty five of age, including such son or daughter adopted legally before retirement.
- d) Parents in the case of unmarried Government Servant.

 $\textbf{Note:} \ \ \textbf{Wife and husband shall include respectively, judicially, separated wife and husband.}$

NOMINATION FOR FAMILY PENSION (NON-CONTRIBUTORY) [See rule 50(6)]

	Ι	hereby nomi	nate the persons r	nentioned below who are
membe	ers of my family to receive in t	he order shown below	v, the (Non-Contribu	ıtory) family pension which
may be	e granted by the Government in	the event of my death	after completion of t	en years qualifying service.
Sl. No.	Name and Address of Nomine	ee Relationship w Government Ser		Whether married or unmarried
1.				
2.				
3.				
4.				
5.				
6.				
The no	omination supersedes the noned.	mination made by m	e earlier on	which stands
Note:	The Government Employee to prevent the insertion of		<u> </u>	pace below the last entry
Dated t	this day of		t	·
			Signature o Designation	f Government Servant
			2 60181111101	•
Witnes	ss to signature:-			
1.				
2.				
Place:			Signature of Head o	of Office
Date:			Designation.	