

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

**NOMINATION FOR DEATH - CUM - RETIREMENT GRATUITY**

I, \_\_\_\_\_, 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 sanctioned by the Government of Tamil Nadu in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

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 pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of 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 \_\_\_\_\_ which stands cancelled.

- Note:**
- (i) 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 which is not applicable.
  - (iii) If the Original Nominee(s)/Alternate Nominee(s) is/are minor, furnish the name and address of the person with relationship to the Government Employee to receive the amount.

\* This column should be filled in so as to receive the amount.

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

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

Witness to signature

1.

2.

Signature of Govt. Servant.

(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 receipt of the nomination form by the Head of Officer / Audit Officer***

To

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

Sir,

In acknowledging the receipt of your nomination, dated, the \_\_\_\_\_ / Cancellation, dated the \_\_\_\_\_ of the nomination made earlier in respect of gratuity from \_\_\_\_\_. I am to state that it has been fully placed on record.

Signature of Head of Office  
/ Audit Officer.

Place : \_\_\_\_\_

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

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

**Note:** 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.

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

I, \_\_\_\_\_, 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 sanctioned by the Government of Tamil Nadu in the event of my death while in service and the right to receive on my death, to the extent specified below, any Tamilnadu Government Employee's Special Provident Fund-cum-Gratuity Scheme which having become admissible to me on retirement may remain unpaid at my death.

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 pre-deceasing 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 nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled.

- Note:** (i) 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 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).

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

Witness to signature

1.

2.

Signature of Govt. Servant.

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

Signature of Head of Office  
/ Audit Officer.

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

Dated : \_\_\_\_\_

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

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



### DETAILS OF FAMILY

Name of the Government Employee :

Designation :

Date of Birth :

Date of Appointment :

Details of the members of family as on \_\_\_\_\_.

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

Place :

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.

**Note :** Wife and husband shall include respectively, judicially, separated wife and husband .

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

I \_\_\_\_\_ hereby nominate the persons mentioned below who are members of my family to receive in the order shown below, the (Non-Contributory) family pension which may be granted by the Government in the event of my death after completion of ten years qualifying service.

Sl. No.	Name and Address of Nominee	Relationship with Government Servant	Age	Whether married or unmarried
1.				
2.				
3.				
4.				
5.				
6.				

The nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled.

**Note:** 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.

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

Signature of Government Servant  
Designation

Witness to signature:-

1.

2.

Place:

Date :

Signature of Head of Office

Designation.