

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi - 110029

No.F.37/Circular/2020-Estt. (H.)

Dated: 04.11.2020

CIRCULAR

It has been observed that the nomination forms for family Pension, Death-cum-Retirement Gratuity and for benefits under Group Saving Linked Insurance Scheme as well as details of family members are either not available or updated in the Service Book of employees working on the strength of Main Hospital.

All the employees are required to submit nomination in respect of their family members to confer the right to receive the family pension, Death-cum-Retirement Gratuity as well as benefits of GSLI. In the absence of nomination by employees, hardship is to be faced by the family members in case of death of employee while in service.

All the employees may accordingly update their nomination required for the purpose of family pension, DCRG & GSLI in the prescribed proforma which can be obtained from Establishment Section (H.).

Duly completed proforma is required to be submitted to the undersigned at the earliest.


(G.R. PILLAI)

ADMINISTRATIVE OFFICER (H.)

Encl.:- As above.

Distribution:-

1. Medical Superintendent.
2. All Hospital Officers.
3. All faculty of Hospital Administration & Hospital Officers.
4. All OPDs / Wards / Private Wards/ O.T.'s - (Thru: C.N.O.).
5. All Notice Board/Guard File / EHS Cell.

NOMINATION FOR DEATH CUM RETIREMENT GRATUITY

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

I Mr./Miss/Mrs. hereby nominate the person/persons mentioned below, who is/are members of my family and confer on him/them the right to receive, to the extent specified below, and gratuity the payment of which may be authorised by the Central Government 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) | |
|--|--|-----|--|--|--|
| Names and Address of nominee/ nominees | Relationship with the Government servant | Age | Amount or share of gratuity payable to each* | Names, address, relationship and age of the 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 Govt. servant but before receiving payment of gratuity. | Amount or share of gratuity payable to each* |
| 1. | 2. | 3. | 4. | 5. | 6. |

* 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).

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

NOTE: — The Government servant 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.

Date this day of 20..... at

Witnesses to signature :

1. Signature

Name

Address

2. Signature

Name

Address

SIGNATURE OF GOVERNMENT SERVANT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

ANSARI NAGAR, NEW DELHI-110029.

FORM - 3

DETAILS OF FAMILY

Name of the Government Servant :

Designation

Date of Birth

Date of Appointment :

Details of the Members of my family as on :

| S. No. | Name of the members of family | Date of birth | Relationship with the Officer | Initials of the Head of Office | Remarks |
|--------|----------------------------------|------------------|----------------------------------|-----------------------------------|---------|
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alterations.

Place :

Date :

SIGNATURE OF GOVERNMENT SERVANT

I, herewith nominate the persons mentioned below who are member of my family, to receive in order shown below the family pension which may be granted by Institute in the event of my death after completion of 10 years qualifying services.

| Name & Address or nominee | Relationship with officer | Age | Whether married or unmarried |
|------------------------------|------------------------------|-----|---------------------------------|
|------------------------------|------------------------------|-----|---------------------------------|

at New Delhi

Witness to Signature.

1.

2.

Signature Government Servant

(To be filled in by the Head Office in the case of Non-gazetted Officer.)

Nomination by _____

Designation _____

Office _____

Signature of Head of Office

Dated : _____

Designation _____

FORM-V NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEE'S INSURANCE SCHEME

When the Government servant has a family and wishes to nominate one member of more than one member there of.

I hereby nominate the person(s) 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 amount that may be sanctioned by the Central Government under the Central Government Employee's Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of 58 years may remain unpaid at my death.

| Names and addresses of nominee/nominees | Relationship with Government servant | Age |
|--|---|-----|
|--|---|-----|

| +Share to be paid to each | *Contingencies on the happening of which the nomination shall become invalid | Name & address and relationship of the person, if any to whom the right to the nominee shall pass in the event of his predeceasing the Government servant. |
|------------------------------|--|---|
|------------------------------|--|---|

N.B. - The Government servant should draw lines across the blank space his last entry to prevent insertion of any names after he has signed.

Date this Day of 20 at

Signature of two witnesses.

1.

2.

Signature of the Government Servent

+ This coloum should be filled in so as to cover the whole amount that may payable under the Insurance Scheme.
