

FORM 3
[See rule 54 (12)]
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
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 the Office any addition or alteration.

Signature of Government servant

Place :

Date :

Note 1. – The original Form submitted by the Government. servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government. servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the ‘Remarks’ column. The fact regarding disability or change of marital status of a family member should also be indicated in the ‘Remarks’ column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

ANNEXURE-‘C’

Details of dependent family members whose name are noted on under Rule 54(12) of CCS(Pension) Rule'81' i.e. not shown in Form-1 comes as family member in term of Rule-4(d) of CCS(LTC) Rules'88'.

Name of the Govt. servant :-

Designation & A/C NO. :-

Date of appointment :-

Details of the members of my family as on:-

Sl. No.	Name of the members of family	Date of Birth	Relationship with the officer	Initial remarks of the Head of office	Occupation
1.					
2.					
3.					
4.					
5.					
6.					

I hereby undertake to keep the above particulars up to date by notifying to the Audit Officer /Head of the office may addition or alteration.

I also hereby undertake that the family members whose names are mentioned above are wholly dependent upon me and income of each member from all sources Rs, 3500/-per month.

Place: -

Date: -

Signature of Govt. Servant

Note: - Family for the purpose of LTC means (Excluding the name of family members shown in Form-3).

- i) Unmarried children or step children of age 25 years and above and wholly dependent on the Govt. Servant.
- ii) Married daughters who have been divorced, abundant or separated from their husbands and are residing with the Govt. Servant and are wholly dependent on the Govt. Servant.
- iii) Parents and/ or step mother residing with and wholly dependent on the Govt. Servant.
- iv) Unmarried minor brothers as well as unmarried, divorced, abandoned separated from their husbands or widowed sister residing with and wholly dependent on the Govt. Servant, provided their parents and either not alive or one themselves wholly dependent on the Govt. Servant.

FORM-B

NOMINATION FOR DEATH –CUM-RETIREMENT GRATUITY

When the individual has family and wishes to nominate more than one member there of

I , A/C No. _____ Rank _____ Name _____ hereby nominate the persons mentioned below who are member of my family and confer on them the right to the extent specified below , the gratuity , that may be sanctioned by Govt. in the death while in service which have become admissible to me on retirement may remain unpaid at my death.

Name & address of nominee	Relationship with the individual	Age	Amount of Share of Gratuity payable to each	Contingencies of happening of which the nomination shall become invalid	Name , address and relationship of persons if any , to whom the right conferred on nominee shall pass in the event of the nominee predeceasing the individual or the nominee dying after the death of the individual but before receiving payment of gratuity	Amount of share of gratuity payable to each

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

Place:-

Date :-

Signature of individual

Witness to Signature:-

1)

2)

Note:- To be completed in the event of charge of nomination only.

1. The individual should draw lines across the blank space the entry to prevent insertion on any name after he has signed.
2. Fourth column should be filled in so as to cover the whole amount of gratuity.
3. The amount /share of gratuity shown in last column should cover the whole amount /share payable to the original nominee.

Group Insurance Form No.-07

Nomination for benefits under the Central Govt. employee Group Insurance Scheme-1980.
(When the Govt. servant has no family and wishes to nominate one person or more than one person).

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

Sl. No.	Name & address of nominee/nominees	Relationship with Govt. Servant	Age	Amount of 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 an any , to whom the right of the nominee shall pass in the event of his predeceasing the Govt. Servant.
1.						
2.						
3.						

Dated:-This.....day of.....at.....

Two witness to signature :-

- 1.
- 2.

Signature of the Govt. Servant.

N.B.:- The Govt. Servant should draw line across the space below his last entry to prevent the insertion of any names after he has signed.

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

Where a Govt. Servant who has no family makes a nomination he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

Group Insurance Form No.-08

Nomination for benefits under the Central Govt. employee Group Insurance Scheme-1980.
(When the Govt. servant has a family and wishes to nominate one member and more than one member thereof).

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 amount that may be sanctioned by the Central Govt. under the Central Govt. Employees Group Insurance Scheme,1980, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Sl. No.	Name & address of nominee/nominees	Relationship with Govt. Servant	Age	Amount of 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 an any , to whom the right of the nominee shall pass in the event of his predeceasing the Govt. Servant.
1.						
2.						
3.						

Dated:-This.....day of.....at.....

Two witnesses to signature :-

- 1.
- 2.

Signature of the Govt. Servant.

N.B.:- The Govt. Servant should draw line across the space below his last entry to prevent the insertion of any names after he has signed.

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

