

## **Annexure - II**

### **NOMINATION FOR DEATH GRATUITY**

#### **RULE 100**

#### **FORM - I**

**(When The Government Servant has a family and wishes to nominate one member or more than one member thereof)**

I hereby nominate the person mentioned below who is/are a member/members of my family , and confer on him/them the right to receive any gratuity that may be sanctioned by government in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Name and address of nominee/nominees	Relationship with officer	<b>AGE</b>	Amount or share of gratuity payable to each	Contingencies on the happening of which the nomination shall become invalid.	Name and address and relationship 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 officer or the nominee dying after the death of the officer but before receiving payment of gratuity.	Amount or share of gratuity payable to each
1.	2.	3.	4.	5.	6.	7.

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

N.B. The Officers 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 .....

**Witnesses to signature:-**

1.

2.

**Signature of Officer**

Note-1 :- Fourth column should b filled in so as to cover the whole amount of gratuity..

Note-2 :- The amount/share of gratuity shown in last column should cover the whole amount/share payable to the original nominees.

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

**Nomination By:-**

**Signature of Head of Office**

Designation:-

**Date**

Office:-

**Designation**

Proforma for acknowledging receipt of the Nomination Form by the Head of the Office/Audit Officer.

**To**

.....  
.....  
.....

Sir,

In acknowledging the receipt of your nomination dated ..... Cancellation, dated ....., of the nomination made earlier, in respect of Death Gratuity in Form....., I am to state that they have been duly placed on record.

**Signature of Head of Office/  
Audit Officer.**

Date:-

**Designation.:-**

## FORM – II

### Nomination for Death Gratuity

(When The Government Servant has no family and wishes to nominate one person or more than one persons thereof)

I, having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below, any gratuity that may be sanctioned by 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.

Name and address of nominee/nominees	Relationship with officer	AGE	Amount or share of gratuity payable to each	Contingencies on the happening of which the nomination shall become invalid.	Name and address and relationship 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 officer or the nominee dying after the death of the officer but before receiving payment of gratuity.	Amount or share of gratuity payable to each
1.	2.	3.	4.	5.	6.	7.

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

N.B. The Officers 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 .....

**Witnesses to signature:-**

1.

2.

**Signature of Officer**

Note-1 :- Fourth column should be filled in so as to cover the whole amount of gratuity..

Note-2 :- The amount/share of gratuity shown in last column should cover the whole amount/share payable to the original nominees.

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

**Nomination By:-**

**Signature of Head of Office**

**Designation:-**

**Date**

**Office:-**

**Designation**

Proforma for acknowledging receipt of the Nomination Form by the Head of the Office/Audit Officer.

**To**

.....  
.....  
.....

Sir,

In acknowledging the receipt of your nomination dated ..... Cancellation, dated ....., of the nomination made earlier, in respect of Death Gratuity in Form....., I am to state that they have been duly placed on record.

**Signature of Head of Office/  
Audit Officer.**

**Date:-**

**Designation.:-**