



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर
Indian Institute of Technology Bhubaneswar

अवकाश नकदीकरण, ग्रेच्युटी और समूह सावधि जीवन बीमा के लिए साँझा नामांकन प्रपत्र
Common Nomination form for Leave Encashment, Gratuity & Group Term Life Insurance

(1) अवकाश नकदीकरण के लिए नामांकन/Nomination for Leave Encashment

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive in the order shown below the **cash equivalent of Leave salary for Earned Leave/ Half Pay Leave**, admissible if any, which may be considered to be payable to my family as per the applicable norms of the Institute in the event of my death while in service or after retirement or quitting service but before actual receipt of the same by me:

	1st Nominee	2nd Nominee	3rd Nominee
Name			
Address			
DOB			
Relationship			
% share			
Nominee's Guardian Details (only in case of minor nominee)			

(2) ग्रेच्युटी के लिए नामांकन/Nomination for Gratuity

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive in the order shown below the **Gratuity amount**, admissible if any, which may be considered to be payable to my family as per the applicable norms of the Institute in the event of my death while in service or after retirement or quitting service but before actual receipt of the same by me:

	1st Nominee	2nd Nominee	3rd Nominee
Name			
Address			
DOB			
Relationship			
% share			
Nominee's Guardian Details (only in case of minor nominee)			

(3) आईआईटी भुवनेश्वर कर्मचारियों के समूह सावधि जीवन बीमा के लिए नामांकन (यदि लागू हो)/
Nomination for IIT Bhubaneswar Employees Group Term Life Insurance (if applicable)

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive in the order shown below the **IIT Bhubaneswar Employees Group Term Life Insurance amount**, admissible if any, which may be considered to be payable to my family as per the applicable norms of the Institute in the event of my death while in service.

	1st Nominee	2nd Nominee	3rd Nominee
Name			
Address			
DOB			
Relationship			
% share			
Nominee's Guardian Details (only in case of minor nominee)			

This nomination supersedes any nomination made by me earlier.

Place:

Date:

Enclosure: Self attested copy of proof of Identity of nominee(s)

Signature of employee

Name _____

Designation _____

Employee Code _____

स्थापना अनुभाग द्वारा भरा जाना है
(To be filled by the Establishment Section)

Verified by:

Signature

Name _____

Designation _____

Date _____

Accepted by:

Signature

Name _____

AR/DR (Estt) _____

Date: _____