## FORM “B”
### NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY
(When the Officer/Employee has a family and wishes to nominate more than one member thereof)

I, hereby nominate the persons mentioned below, who are member of my family, and confer on 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 the service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement but may remain unpaid at my death.

<table>
<thead>
<tr>
<th>SL. No.</th>
<th>Name and address of Nominee</th>
<th>Relationship with Officer/Employee</th>
<th>Age</th>
<th>Amount or share of gratuity payable to each *</th>
<th>Contingencies on the happening of which the nomination shall become invalid</th>
<th>Name, address &amp; relationship of the person or persons, if any to whom the right conferred on nominee shall pass in the event of nominee pre-deceasing the Officer/Employee or the nominee dying after the death of the Officer/Employee but before receiving payment of the gratuity</th>
<th>Amount or share of gratuity payable to each **</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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</tbody>
</table>

* This column should be filled in so as to cover the whole amount of gratuity.

** This amount/share gratuity show in this column should cover the whole amount/share payable to the nominees.

**Note**: The Officer/Employee should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

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

Dated this day of

**Witnesses to Signature (Along with Name & Address)**

1

2

**Signature of Officer/Employee**

(To be filled in by Head office in the case of a non gazetted officer)

Nomination by....................................................

Signature of Head of the Office

Designation .............................................

Date

Office .................................................

Designation