

FORM OF DECLARATION

Token NoName	(Married/Unmarried)
Designation and Department	************************
I hereby nominate the following person(s)	to receive the amount at my
credit in the following accounts in the event of my death.	
1. NOMINATION FOR PROVIDENT FUND	

OR	GINAL NOM	INE	ALTERNATIVE NOMINEE(S)					
Name and address of the nominee	Relationship With University employee			Name, address and Relationship of the person if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the University Employee				
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2. NOMINATION FOR SPECIAL PROVIDENT FUND SCHEME

ORI	GINAL NON	MINE	ALTERNATIVE NOMINEE(S)																
Name and address of the nominee	Relationship With University employee	Age	Age	Section of the Paper of Section 2	A STATE OF THE PERSON NAMED IN	Andreas was a part of the part	Section of the Paper of Section 2	whitement was seen beginning	and the same of the party of th	Action of the Party of the Part	Action of the Party of Supplement	Age	Age	Age	Age	Age	The state of the s	Name, address and Relationship of the person if any, to whom the right conferred on the nominee shall pass in the event of the	
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3.NOMINATION FOR FAMILY BENEFIT FUND

	OR	IGINAL NO	MINE	ALTERNATIVE NOMINEE(S)					
	Name and address of the nominee	Relationship With University employee	Age	Share payable to each nominees	Name, address and Relationship of the person if any, to whom the right conferred on the nominee shall pass in the event of the nominee predecensing the University Employee	mell and multiple			
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4. NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

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Dated:

day of

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Signature of the Witness(with name and address in Bold letters)

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DETAILS OF FAMILY

TOKEN NO.

Name of the University Employee

Designation

Department

Details of family members as on

SI.No	Name of the family members	Date of Birth	Age	Relationship with the employee		
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2.						
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Signature of the University Employee