APPLICATION CUM NOMINATION FORM UNDER GROUP PERSONAL ACCIDENTAL INSURANCE POLICY

1. Name of the Employee:-
   .....
2. Parentage :-.....
3. Permanent Residential Address :- .....
   .....
4. Designation and Department:-.....
5. Date of Birth:- ...../...../..... 6.Mobile.....

Details of Nominee(s)

S.No	Name of the Nominee(s)	Relationship With Insurant (Employee)	Address of the Nominee(s)	Share of insured amount to be paid to each nominee

Name and Signature of the employee

.....

.....

Signatures of witnesses with name /Mobile Number and full address:-

1.....
.....

2.....
.....

CERTIFICATE BY THE DRAWING AND DISBURSING OFFICER(DDO) /HEAD OF THE OFFICE OF THE APPLICANT(EMPLOYEE)

It is certified that the particulars given above by the employee/insurant are correct and best of my knowledge & belief.

Signature .....

Name of the DDO/HOD .....

Designation.....

Department.....

Please Note that:*1.This form shall be kept in the safe custody of the DDO for record and reference purpose. In the event of the accidental death of the insurant (employee) the sanctioned insured amount shall be paid to the nominee(s) as per the above details by the DDO* **concerned after its sanction /release from concerned insurance Company/Nodal Officer.**

2. **Filling of Nomination Form after the death of any employee is strictly prohibited and against the ethics and norms.**

(Nodal Officer Finance Department)

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