

FORM (4)(b)
See rule 164(1)

Nomination for DEATH-CUM-Retirement Gratuity

When the employees has no family and wishes to nominate one person, or more than one person, 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 authorised by the Government of Maharashtra 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 :-

| Original nominees(s) | | | | Alternate nominee(s) | |
|---|--------------------------------------|-----|--|--|---|
| Name(s) address(es) of nominee/nominees | Relationship with the employee | Age | Amount of share of gratuity payable to each* | Name, address relation- ship and age 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 employee or the nominee dying after the death but before receiving payment of gratuity | Amount or share of gratuity payable to each.† |
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

- This column should be filled in so as to cover the whole amount of the gratuity.
- + The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).
This nomination supersedes the nomination made by me earlier on which stands cancelled.

Note: (i) The employee should draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this..... day of200 at

Witnesses to signature:

(1)

(2)

Signature of employee

(To be filled in by the Administrative Officer, Higher Educational Grant/Audit Officer)

Nomination by.....
Designation.....
Office.....

Signature of Administrative Officer, Higher Educational Grant/Audit Officer

Date.....

Designation

Proforma for Acknowledging the Receipt of the nomination form by the Administrative Officer, Higher Education Grant/Audit Officer.

To,

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

Sir,

In acknowledging the receipt of your nomination dated the
cancellation, dated the of the nomination made earlier
in respect of gratuity in Form I am to state that it has
been duly placed on record.

Signature of Administrative Officer,
Higher Education Grant/Audit Officer.

Place:

Dated the.....

(Designation)

Note: The employee is advised that it would be in the interest of his nominees if
copies of the nominations and the related notices and acknowledgements are kept
in safe custody so that they may come into the possession of the beneficiaries in
the event of his death.

FORM 5
[See rule 165 (14)]

Details of Family

Name of the Employee _____

Designation _____

Date of Birth _____

Date of appointment _____

Details of the members of my family * as on

| Sr.No | Name of the members of family* | Date of Birth | Relation with the Employee | Signature of the Registrar/Principal of the Coll. | Remarks |
|-------|--------------------------------|---------------|----------------------------|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

I hereby undertake to keep the above particulars up-to-date by notifying to the Audit Officer/Registrar/Principal any addition or alteration.

Place: _____

Dated the _____

Signature of Employee

- Family for this purpose means family as defined in clause (b) of sub-rule (16) of rule 165 of these rules.

Note: Wife and husband shall include respectively judicially seperated wife and husband.