

# NAVODAYA VIDYALAYA SAMITI, REGIONAL OFFICE BHOPAL

Annexure - II

I \_\_\_\_\_ hereby nominate the person(s) mentioned below who is / are member(s) of my family as defined GSLIS to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become has not been paid (before filling in the form please read instructions overleaf)

**Employee Code Number**  
[To be Allotted by Samiti ]

S. No.	Name And Full Address Of The Nominee(s)	Relationship With The Subscriber	Age Of The Nominee(s)	Share Payable To Each Nominee	Contingencies On The Happening Of Which The Nomination With Become Invalid	Name, Address & Relation Of The Right Of Nominee Shall In The Event Of His / Her Predeceasing The Subscriber

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Two witnesses for signature along with name and designation

1. Name - \_\_\_\_\_ Designation \_\_\_\_\_

CPF / NPS No. \_\_\_\_\_ Signature - \_\_\_\_\_

2. Name - \_\_\_\_\_ Designation \_\_\_\_\_

CPF / NPS No. \_\_\_\_\_ Signature - \_\_\_\_\_

Signature of Subscriber :- \_\_\_\_\_

Name of Subscriber :- \_\_\_\_\_

**Signature of Principal [along with Office Stamp]**

**Signature of the Section Officer [along with Office Stamp]**