**ANNEXURE-III**

**FORM -1**

**[See Rule 53(1)]**

**Nomination for Retirement Gratuity/Death Gratuity**

*When the Government servant has a family and wishes to nominate one member or more than one member, thereof.*

 I, ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity having become admissible to me on retirement may remain unpaid at my death –

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No | Names and addresses of nominee/nominees. | Relationship with the Government servant. | Age (Date of Birth) | Amount of share of gratuity payable to each. | Name, address, relationship 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 Govt. servant or the nominee dying after the death of Govt. servant* but before receiving payment of gratuity. | Amount or share of gratuity payable to each |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

 This nomination supersedes the nomination made by me on **\_\_\_\_\_\_\_\_\_\_\_** which stands cancelled.

Note:- (i) The Government servant shall 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 applicable.

1. This column should be filled in so as to cover the whole amount of the gratuity.
2. The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee (s).

Dated this ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_***

**Witnesses to signature :**

1. ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ), Supdt., ICT Signature of the Government Servant.
2. (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), Assistant, ICT.

***(To be filled by Head of Office)***

Nomination by : *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Signature of Head of Office

Designation : *Dy. Director(Admn.),*  Date …………………………

Office : *ICT Department.* Designation …………………