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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari NO.agar, New Delhi-110029

F.No.20-01/2021 (Misc)/Estt. I

23 MAR 2021
Dated:

OFFICE MEMORANDUM

Subject: Updating of Nomination - regarding

It has been observed that the nomination forms for Family Pension, Death-cum-Retirement Gratuity and for benefits under Group Saving Linked Insurance Scheme as well as details of family members are either not available or updated in the Service Book of employees.

All the employees are required to submit updated nomination forms in respect of their family members to confer the right to receive the Family Pension, Death-cum-Retirement Gratuity as well as benefits of GSLI to the Sr. Administrative Officer/ Administrative Officer of the concerned Establishment Sections.

All the employees may accordingly update their nomination required for the purpose of family pension, DCRG & GSLI in the prescribed proforma which can be obtained from Establishment Section (D.O.) as well as download from the AIIMS website.



Hindi version will follow.


(KUSHAL KUMAR)
ADMINISTRATIVE OFFICER (DO)

Distribution::

1. The Dean (Academic/Research/Exam)
2. The Medical Superintendent (Main Hospital/Dr.R.P.Centre)
3. All Chief of Centres/Head of the Deptt./Units/Sections
4. The Sr. Financial Advisor/Dy. Secretary/SE/CAO, AIIMS, New Delhi
5. All Sr. Admn. Officer/ Admn. Officer/ Asstt. Admn. Officer - Hospital /CNC /IRCH/ Dr.RPC /JPNATC /CDER/CRHS Ballabgarh/NCI, Jhajjar/NDDTC, Ghaziabad
6. All Union/Associations of AIIMS, New Delhi
7. **The Computer Facility** - with a request to upload this on official website of the Institute
8. **The Sr. Hindi Officer** - with a request to provide the Hindi version of the same for uploading on AIIMS website.

Sh. Aman Jee
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NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

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

I, _____ hereby nominate the/or/persons mentioned below who is/are members of my family and confer on him/them the right to receive, to the extent specified below, any gratuity the payments 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 which having become admissible to me on retirement may remain unpaid at my death :-

Original Nominee (S)				Alter Nominee (S)	
Name & Addresses of Nominee/ Nominees	Relationship with the Govt. Servant	Age	Amount or share of gratuity payable to each	Name, Address, relationship & 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 the Govt. servant but before receiving payment of gratuity	Amount or share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on _____ 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 not applicable.

(iii)
Date this _____ day of _____ 19 _____ at _____

Witnesses to signature

1. _____
2. _____

SIGNATURE OF GOVERNMENT SERVANT

(To be filled in by the Head of Office)

Signature of Head of Office

Nominated by

Designation

Office

Designation

Date.....

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Nomination for benefits under the AIIMS Employees Insurance Scheme.

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

I hereby nominate the person(s) mentioned below, who is/are member(s) of my family, and confer on him/her the right to receive to the extent specified below any amount that may be sanctioned by the AIIMS under Employees Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of 58 years may remain unpaid at my death.

Names and addresses of Nominee/Nominees	Relationship with the Employee	Age
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Share to be Paid to each	Contingencies on the Name happening of which The nomination shall become invalid	Address and relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the employee.
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N.B.- The AIIMS Employees should draw lines across the blank space below his last entry to prevent insertion of any names after he has signed.

Dated this day of 1996 at

Signature of AIIMS Employee

Signature of two witnesses:-

1.

2.

This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

NOMINATION FORM FOR FAMILY PENSION

I, hereby nominate the persons mentioned below who are member of my family, to receive in order shown below the Family Pension which may be granted by Institute.

Name & Address of nominee	Relationship with Officer	Age	Whether married or unmarried
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Dated this _____ 19 _____ at New Delhi.

Witness to Signature.

1.

2.

Signature of Candidate

(To be filled in by the Head of Office in the case of Non-gazetted Officer)

Nomination by _____

Designation _____

Office _____

Signature of Head of Officer

Dated _____

Designation _____

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FORM-3

DETAILS OF FAMILY

Name of the Govt. Servant :-

Designation :-

Date of Birth :-

Date of Appointment :-

Details of the members of my family :-

*as on _____

Serial No.	Name of the members of family*	Date of Birth	Relationship with the Officer/Employee	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby undertake to keep the above particulars up-to date by notifying to the Head of Office any addition or alteration.

Signature of Government Servant

Place : _____

Dated the : _____

*Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.

NOTE : Wife and husband shall include respectively judicially separated wife and husband.