

**APPENDIX-I**  
**THE SURENDRANATH COLLEGE PROVIDENT FUND**  
**SUBSCRIBERS DECLARATION OF NOMINATION**

*Subscriber's No.....*

I hereby declare that, in the event of my death the following person / persons shall be entitled to receive payment of the amount at credit in my Provident Fund Account with the Surendranath College, Kolkata, in proportion entered against their names.

I also request that the amount payable as above to the minors be paid to the persons whose names appear in column 5.

<b>1</b> <b>Name &amp; Address of the Nominees</b>	<b>2</b> <b>Relationship with the Subscriber</b>	<b>3</b> <b>Whether Major OR Minor (State Age)</b>	<b>4</b> <b>Share of the accumulation payable</b>	<b>5</b> <b>Name &amp; Address of the Person to whom Minor's share is to be paid</b>	<b>6</b> <b>Sex and Parentage Of the person mentioned in column 5</b>

*Signature of the witness:*

1. ....

Address .....

2. ....

Address .....

.....

*Signature of the Subscriber*

Address: .....

.....

N.B: Assignment to any person other than a member of one's family shall be void.

**APPENDIX-II**  
**FORM FOR NOMINATION TO RECEIVE THE DEATH GRATUITY**  
**(FORM A, B, C, & D COMBINED)**

*Subscriber's No.....*

I hereby nominate the person / persons below, who is / are members of my family / relation and confer him /her/ them the right to received to the extent specified below, any gratuity that may be sanctioned by Government in the event of my death while in service and 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.

<b>1</b> <b>Name &amp; Address of the Nominees</b>	<b>2</b> <b>Relationship with the Employee</b>	<b>3</b> <b>Age</b>	<b>4</b> <b>*Amount of Share of the gratuity payable to each</b>	<b>5</b> <b>**Contingencies on the happening of which the nomination shall become invalid</b>	<b>6</b> <b>Name, Address &amp; relationship of the Person or persons, if any to whom the right conferred on nominee shall passing the event of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of the gratuity.</b>

- This nomination supersedes the nomination made by earlier on ..... which stands cancelled.
- Date this ..... day of ..... of 20 .....at .....

.....  
*Signature of the Employee*

*Signature of the witness:*

1. ....

2. ....

\*This column should be filled in to cover the whole amount of gratuity.

\*\*Stike out if not applicable