

[CTC – HRO – PTPP – Recruitment & Selection – 7.8.5-c-061] [Insurance Nomination form– June 2024]

	1.			
Form of No	omination for D	eath Insurance for CT		
I Acad III-1		realli Hisurance for CT	C Employees	
I Asadullah	S,	/d/w/o Abelul	wehah bearing	
2/201-37270	07-7	TATOTICINA CO.	W	
nonmiate the person/ per	rsons mentioned	holory	TICICD)	
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	nthe exert of my family as	
			it the event of my death.	
	(1)	irst choice)		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees			Somet Ivaliber	
	· · ·			
Abduf wahab M-ASIF	Father	50%	0333-9111281	
11.000	D 7 100		0333 [117 40]	
10/7/3//	Brown	50%	0332-9182012	
			7 0014	
	(In case of death o	of first choice) – 2 nd Optio	n	
Name of Nominee/				
Nominees	Relationship	Specification of Share	Contact Number	
1	* * · · · · · · · · · · · · · · · · · ·		OB	
0.		1-20/n		
Samreen	wife	100%	0333-9377273	
I hereby certified that the above	ve noted member	(s) of my family montion	d are wholly dependent upon	
me.		(b) of my family mentione	d are wholly dependent upon	
The earlier nomination I	1 (16		4	
The earlier nomination made	by me (if any) ma	ay kindly be treated as ca	ncelled and of no effect	
4	diji se ge se			
		CICALATINA		
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
2 9-2024	1			