

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

Form of N	Nomination for		
I Salin I	,, ill ill for t	Death Insurance for (CTC Employees Muhammad bearing
	[D] (1)	121-1 01	
nominate the person/ p	280288-1	1 1	bearing bearing
TOTALIA TO DOVO	40 6 7		1 1 8 10
beneficiary(ies) to receive the	he death insurance	below who is/ are	hereby member(s) of my family as
beneficiary(ies) to receive the		amount (sum assured)	in the event of my death.
	(F	First choice)	
Name of Nominee/	Relationship		
Nominees		Specification of Sha	re Contact Number
01			
Sher Muhamma	Husband	1	
	100	100	03015367011
	9 45 ,	No.	
	(In case of death		
Name of N.	The or death of	first choice) - 2nd Option	on .
Name of Nominee/ Nominees	Relationship	Specification of Share	121 - 121 - 121
Tronditiees		r salication of Share	Contact Number
	9:6		
Casim Khan	En .		
Charles Whan	Father	100	031710115
Thousand the same of the same			03171941054
I hereby certified that the above me.	e noted member(s	of my family	
me.		and railing mentione	ed are wholly dependent upon
The earlier nomination made l	27. 77.		
	oy me (if any) may	kindly be treated as ca	ncelled and of no effect
			or to direct
		(W)	
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
= 0 01		THE	EMPLOYEE
3.9.24		5	1:0
			(6) (6)
			i is vifty. L'
			ETHER THE
	H in the	er carrie	
	Bahran I.		