

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

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nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.  (First choice)  Name of Nominee/ Relationship Specification of Share Contact Number  Oamar Cul Julies   106 /. 0340 05 (8140)  [In case of death of first choice) - 2nd Option  Name of Nominee/ Relationship Specification of Share Contact Number  Nominees   Relationship Specification of Share   Contact Number  Nominees   Nominee/ Nominees   Specification of Share   Contact Number    Samar Cul   Specification of Share   Contact Number   Samar Cul   Specification of Share   Specification of	T Charle		eath Insurance for CT	C Employees	
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