

28-8-2024

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

Towns 627		8.00		
Form of N	omination for D	eath Insurance for CI	C Employees	
Lubha No	Sheen s	d/w/o ALLAH IS	Pakha T.	
CIVIC#	5 140.0	TITO III		_
nominate the person/ pe	rsons mentioned	below who is / are	member(s) of my family a	у
beneficiary(ies) to receive th	e death insurance	amount (sum assured) i	n the event of my family a	S
	241 10	irst choice)	and event of my deam.	
Name of Nominee/	Relationship	Specification of Share	e Contact Number	_
Nominees	,	100	Contact Number	
M Bilal	Son		0.0.1.0.0	_
11 -		100 1.	0310-900478	)
M Ibrad	Son	100 %	0314.5619144	
e e				ا
	In case of death o	f first choice) – 2 <sup>nd</sup> Option	n	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	7
Nonunees				
Shomile	~ 0.			- Annaharan
Showied	naughter	100%	0313.9585606	AND DESCRIPTION OF THE PERSON.
				-
I hereby certified that the abov	re noted member (s	s) of my family mentioned	d are wholly dependent upon	
The earlier nomination made	by me (if any) may	v kindly be treated as car	ncelled and of no effect	
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF	

THE EMPLOYEE

Lubha Mosheen