

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

Form of	Nomination for D	eath Insurance for C	TC-E1	
I Saba gu CNIC # 17301-29		(d/2010 C) 1- 7	1 C Limployees	
CNIC # 17201- 39	411.00	ujwjo Sicia je	bearinbearin	
nominate the person/	DONOGO DE	working as <u>C1</u>)	ev hami	
beneficiary(ies) to receive	the death insurance	below who is/ are amount (sum assured) irst choice)	member(s) of my family a in the event of my death.	
Name of Nominee/	Relationship	Constitution of		
Nominees .		Specification of Shar	re Contact Number	
Sida Jain	Father	100 %	A2 -2 C	
			0302882588	
Name of Nominee/		f first choice) - 2 nd Optio		
Nominees	Relationship	Specification of Share	Contact Number	
Sida Jan	Father	100%		
			03028825885	
hereby certified that the alme. The earlier nomination ma	de by me (if any) ma	s) of my family mentione	ed are wholly dependent upon	
		, which be treated as ca	ancelled and of no effect	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
4, 9, 24		Saba 9Ul		
	- N AN CH . 1	\$1.1		