

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

Form of N	lomination for	Death Insurance for C	TCE
CIVIC#_ 1/301- 16	106 /0 11		bearin
nominate the person/ pe	preone monti-	working as	CHW horah
beneficiary(ies) to receive the	ne death incurren	d below who is/ are	member(s) of my family a
beneficiary(ies) to receive the	ic death hisuranc	e amount (sum assured)	in the event of my death.
		First choice)	
Name of Nominee/			
Nominees	Relationship	Specification of Shar	e Contact Number
			- Contact Number
. 1			
200	شوار	10-	- 24 . 24
	263	100	0314-9193912
	Tarana yan		
	in case of death o	of first choice) - 2nd Option	n
Name of Nominee/	Relationship	Specification (CI	
Nominees	- Lorap	Specification of Share	Contact Number
Justes Nico	10		
NIS Co. 10	E165	100	
	c'		03359056540
I hereby certified that the al-			
I hereby certified that the abov me.	e noted member (s	s) of my family mentioned	l are wholly dependent upon
			y septement upon
The earlier nomination made b	v me (if any) may	v kindly by to a	
	y (arry) ma	y killing be treated as can	celled and of no effect
		01011	
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
1018/24		THEE	MPLOYEE
1010121			2)