

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

Form of	Nomination for	Dooth I		
I Pour	0 -	Death Insurance for CT	C Employees	
CCCFIFI	HU	S/d/w/a NIOR All		
CIVIC # 14301-(03	C1000		bearing	
nominate the person/	persons monti	working asAS	hovel	
beneficiary(ies) to receive	the death increase	d below who is/ are i	nember(s) of my family as	
	are acaut hisurance	d below who is/ are re amount (sum assured) ir	the event of my death	
	(	First choice)	Jackett.	
Name of Nominee/	1 - BI			
Nominees	Relationship	Specification of Shar	re Contact Number	
			Contact Number	
a la Aus				
Niaz Ali	Father	100%		
	27	1001	03009345025	
	(In case of dead			
NT. CO.	(Mr case of death o	of first choice) - 2nd Option		
Name of Nominee/ Nominees	Relationship	Specification of Share		
rollunees		1 - Table of Strare	Contact Number	
	8 1 P			
Rasheeda	Mother			
	Tripiner	100 %	03088586530	
hereby certified that the ab	ove noted member (	s) of my famile	are wholly dependent upon	
ne.	4 1	of my family mentioned	are wholly dependent upon	
he earlier nomination made	,			
he earlier nomination mad	e by me (if any) may	y kindly be treated as canc	elled and of no effect	
			or to effect	
		· ·		
DATED:	10	SIGNATURE OR TH	UMB IMPRESSION OF	
0.01	THE EMPLOYEE			
3-4-24		REENA AT		
	REEM HU			