

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

	[CTC - HRO -	PTPP – Recruitment & Selection trance Nomination form– June 2	n – 7.8.5-c-061]
Form of Nomination for Death Insurance for CTC Employees			
s/d/w/o Span C.			
CIVIC # 21207 / + (0/-) 8/10/10 2 2			
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 grant of			
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	
140IIIInees		1 - sacration of Strare	Contact Number
ulfat Pil:	1. op	P 1	
SIPPL DIPL	wife	tul	0333-5854477
		* **	
(In case of death of first choice) – 2nd Option			
Name of Nominee/ Nominees	Relationship	Specification of Share	
rvonunees		1 Signate of Office	Contact Number
M-Jungid		P	
J 911414	Son	ful o	333-5854477
I hereby certified that the abo			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
	**************************************		-0
DATED:		SIGNATURE OR THI	UMB IMPRESSION OF
02-00-21		THE EM	IPLOYEE
07 09 24		Tahy A	
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