

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

Form			;
rorm of	Nomination for L	eath Insurance for CTC	Employees
I Rakhmal Kho	n		Lamproyees
CNTC # 212	S,	/d/w/o_Mil bad	Shah bearing
CIVIC# 2/202-43	3/815-9	working as	
nominate the person/	persons mentioned	below who is/	hereby
beneficiary (ies) to receive	the death insurance	amount (crim are in	hereby hember(s) of my family as
		below who is/ are me amount (sum assured) in	the event of my death.
		irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		operation of Share	Contact Number
Mit bad shah	Father		
10 ect 3/4/1) aire	100 %	03339042633
			12033
	(In case of death	6.6%	
,	(m) case of death o	f first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specificati (C)	
Nominees		Specification of Share	Contact Number
			•
Dayled			
Barkal ullan	brother	100%	220
;		0 1	3369196812
I haroby i'c			
Thereby certified that the a	oove noted member(s	s) of my family many	are wholly dependent upon
me.		y or any mentioned	are wholly dependent upon
The earlier nomination		* * * * * * * * * * * * * * * * * * *	
The earlier nomination ma	de by me (if any) ma	y kindly be treated as canc	
* .		, and as carle	elled and of no effect
D + ===		CIONTAR	
DATED:		SIGNATURE OR TH	IUMB IMPRESSION OF
06/09/2024		THE EN	MPLOYEE
00/07/2029			