

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

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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 event of my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF	Form of Nomination for Death Insurance for CTC Employees				
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