

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

LOTHE OF I	omination for De	eath Insurance for CTC	Employees	
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1 Muhammall May	leem st	d/147/0 1000		
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CIVIC # 21201 - 16 007	9 23 2	7 •	7	
nominate the	713	working as	hereby	
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assembly in the death in the death insurance amount (sum assembly in the death in the death insurance amount (sum assembly in the death				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
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	(11)	rst choice)		
Name of Nominee/	D 1	·		
	Relationship	Specification of Share	Contact Number	
Nominees			Contact Number	
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Mary Lat				
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Afsax Khan Maseeb bibi		10	03329119512	
Maseal Libi		*9*		
7000000	mother	50%		
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,	(In case of death o	f first choice) - 2nd Option		
		option	*	
Name of Nominee/	Relationship	Specificali		
Nominees		Specification of Share	Contact Number	
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			2351 111 9) 12	
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Thereby certified that the abo	ove noted member(s	s) of my family mantiage 1		
I hereby certified that the abo		of any natury mentioned	are wholly dependent upon	
		. 80		
The earlier nomination mad	o b	-		
in a second seco	e by me (if any) ma	y kindly be treated as cand	relled and of no offert	
			and of no effect	
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*			*	
5		SIGNIATION	TY ID CO. TO CO.	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
		THE EMPLOYEE		
4/9/20211		$\mathcal{O}$		
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