

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

	1	sites ivolution form – Jur	ne 2024]
Form of Nomination for Day			
Form of Nomination for Death Insurance for CTC Employees I Muhemmad Yelsen			
S/O/W/O			
nominate the person / norman working as CHW			
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.			
	(Fi	rst choice)	ar the event of my death.
Name of Nominee/ Relati	ionship	Specification of Shar	e Contact Number
			The state of the s
Hazrat Zohaub	Som	Col	00000
	111 11	50%	0303-8361466
- Court of the Cou	ghter	50%	0345-1364259
(In case)		THE CO. LEWIS CO.	
Name of None		first choice) – 2 nd Optio	n .
Nominees Relat	ionship	Specification of Share	Contact Number
Shomeila Dan			
Enomarka Dian	ghter	100%	0303-8361466
I hereby certified that the all	,		
I hereby certified that the above noted me.	member(s)	of my family mentione	d are wholly dependent upon
The earlier nomination made by			apon
The earlier nomination made by me (i	any) may	kindly be treated as car	ncelled and of no effect
The state of the s			
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
THE EMPLOYEE			EMPLOYEE
[9M]N			
			r e