

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

Form of Nominal			
Form of Nomination for Death Insurance for CTC Employees			
1 13 [Wimcicl	S	/d/w/0 M 0	Train Late
I M. Hamal State of the person persons mentioned below in the person			
Tionimate the person!			
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 family as			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
	I)	First choice)	and activities
Name of Nominee/	1 : 20:		
Nominees	Relationship	Specification of Share	Contact Number
			Contact Number
Naila	1 1		
	WIFE	tol	221122
Lainab	Chilletter	30/1	03449293313
	Languer	50%	03449293313
			1997493313
(In case of death of first choice) – 2nd Option			
TYGUE OF NOMES OF			
Nominees	Relationship	Specification of Share	Contact Number
/-/abiba	March		
1 Labrida	daughte	100%	03/11/012 02
			03449293313
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	vertoted member (s	s) of my family mentioned	are wholly dependent
The coaling			dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
e e		of treated as can	celled and of no effect
	Sales Sales		ų.
DATED:		SIGNATION	
	DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
11417024		:	TATT TO LEE