



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

Form of Nomination for Death Insurance for CTC Employees

I Nagina s/d/w/o Tahir Hussain bearing
CNIC # 1730176742192 working as CHW 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 assured) in the event of my death.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Jahangir	Father	Full Share	03480959473
Maqsood	Sister	Full Share	" "

(In case of death of first choice) - 2nd Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Maqsood	Sister	Full	

I hereby 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

DATED:

02-09-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Nagina