

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

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COMPOLING	[CTC - HRO -	PTPP - Recruitment & Calari		
[CTC – HRO – PTPP – Recruitment & Selection – 7.8.5-c-061] [Insurance Nomination form– June 2024]				
Form of Nomination 6				
Form of Nomination for Death Insurance for CTC Employees				
s/d/w/o Ghulan than				
nominate the person/ p	ersons mentioned	below who is/ are me	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.				
	(F	irst choice)	and the state of t	
Name of Nominee/	Relationship			
Nominees		Specification of Share	Contact Number	
Wike of Habib	csye	100 %		
Reman	The state of the s	200/	03339229114	
			63 —	
,	(In case of death of	first al		
Name of Nominee/		first choice) - 2nd Option	• **	
Nominees	Relationship	Specification of Share	Contact Number	
	8 15			
	120			
I hereby certified that the abo	ve noted member(s	of my fam 'I		
me.		of my family mentioned a	re wholly dependent upon	
The earlier nomination made	by me (if any) man	1.1		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
•	280 d J. (v)	. 1		
DATED:		SIGNATURE OR THE	IMP IN (DD TOOT)	
9/9/2001		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
Will are En		(Habib)		
ž.		(Trumb)		