

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

Form of Nomination for	Doctor
	Death Insurance for CTC Employees
Strate Character :	s/d/w/o Niwar Huscun
nominate the person/ persons mention	working as CHW hereby
beneficiary (ies) to receive the death in any	working as CHW hereby hereby hereby as mount (sum assured) in the grant (su
a deduction of the second of t	need below who is/ are member(s) of my family as not amount (sum assured) in the event of my death.
	(First choice)
Name of Nominee/ Relationship	
Nominees Relationship	Specification of Share Contact Number
Aneesa bibi Wife	
Sindusac DIDI VIJE	13. 85% 0302-3106854
2.77 (A)	3106839
A Company	
(In case of death	n of first choice) - 2 nd Option
Name of Nomina /	
Nominees Relationship	Specification of Share Contact Number
	Contact Number
Anwar Husain Father	
Imwar Husain father	15 % 0302-31060 0
	15 % 0302-3106854
I hereby certified that it	
me.	er(s) of my family mentioned are wholly dependent upon
	dependent upon
The earlier nomination made by me (if any)	nay kindly be treated as cancelled and of no effect
n any) n	nay kindly be treated as cancelled and of no effect
Constant	1
To the second se	
DATED:	SIGNATURE OR THUMB IMPRESSION OF
09/18 / 202/	THE EMPLOYEE
51707 / 2029	RIM'S
100	0000
	alalau
	61/00/0
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