

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

			•
Form of Nomination	on for Death Insuran	ce for CTCE	anlows
- Hayr E ASWOOD	s/d/w/o	1 x 2 at	
			bearing bearing
nominate the person/ persons me	entioned below who	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)	area, in the	event or my death.
Name of Nominee/ Relative			
Nominees	onship Specification	on of Share	Contact Number
Ishval Brown	- / 100	m/ E	304-2285292
	er 100	70 0	348.55
2007			
(In case of death of first choice) – 2nd Option			
Name of Nominee/ Relation	onship Specification		
Nominees	-F-carcation	oi Share	Contact Number
1 100 miles	1		
and the second s			
I hereby certified that the above noted n	nember(s) of my family	mentioned	, i
() ->::	1.71		
The earlier nomination made by me (if	any) may kindly be tro-	otod a a m	
3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	, - Listly be the	ateu as cancelle	d and of no effect
decisions and the second secon		•	
DATED:	SIGNATI	URE OR THUM	IB IMPRESSION OF
5/9/02/		THE EMPL	OYEE
711029		Ha	12/