

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

Form of N			f
Form of Nomination for Death Insurance for CTC Employees			
- CAU JUS	S	/d/w/0 (4100)	18:111 2011
I			
nominate the person/ person/ person/ working as havel-			
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.			
the event of my death.			
None (2)	(1	First choice)	
Name of Nominee/	Relationship	Specification of Share	Contract
- Olditees !		Januare	Contact Number
arna			
MARCH Q DULAH	SON	100/	03251839633
	A. True	7 2	100 100 1005
(In case of death of first choice) - 2nd Option			
Name of Nominee/ Nominees	Relationship		
rvondriees		T Strate	Contact Number
AMA P.Di	39 144		
HIMIT DIDI	Waif	100%	03347323262
			//
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.		s) of my family mentioned a	are wholly dependent upon
The earlier nomination made by made			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*			
D A TED		SICNIA TELEPO	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
9-9-2021		11110 1210	TOTEE