

[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	Form of N				
S/d/w/o working as 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 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Out of the case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Out of the case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Out of the case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Out of the case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Out of the case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Out of the case of death of first choice) - 2nd Option Name of Nominee/ Nominees The case of death of first choice) - 2nd Option Name of Nominee/ Nominees Out of the case of death of first choice) - 2nd Option Name of Nominee/ Nominee	- (de' de	omination for D_{ϵ}	eath Insurance for CTC	Employees	
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