

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

Form of	Nomination			
I W. (3)	Troilliation for De	eath Insurance for CT	CEmployees	
nation	s/	d/w/o_Ali7	Rhan bearing	
nominate the person/	persons mentioned	below who is/	hereby	
beneficiary(ies) to receive	the death insurance	amount (sum assured) in	member(s) of my family as	
			i the event of my death.	
Name of Ne	(1 1 27 )	rst choice)		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
- Committees			Contact Number	
Aliz Khan				
Than	Father	(00%)	03379208602	
	A CONTRACTOR OF THE CONTRACTOR			
			•	
,	(In case of death of	first choice) - 2nd Option	n .	
Name of Nominee/	Relationship			
Nominees		Specification of Share	Contact Number	
0		4	*	
Gawhow.	Brother	1 0/		
	0101001	100%	03349352663	
T 7		1 11		
I hereby certified that the ab	ove noted member(s	of my family mantian	d are wholly dependent upon	
me.	)	and resisting the stationed	are wholly dependent upon	
The earlier nomination made	le by me (if any)			
The earlier nomination mad	may	kindly be treated as car	ncelled and of no effect	
	7. 200			
DATED:	SIGNATURE OR THUMB IMPRESSION OF			
10/0/201		THE EMPLOYEE		
10/64/ her		.)(2		
<b>.</b> }-			:	
<b>3</b>			**	