

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

TPANING & CONSULTING	[CTC - HRO -	PTPP – Recruitment & Sele trance Nomination form– Jur	ction – 7.8.5-c-061] ne 2024]	
			2	
Form of Nomination for Death Insurance for CTC Employees				
I Avafat	5/	d/10/-	C Employees	
		d/w/oBai		
nominate the person/ p	ersons mentioned	working as	C.H.W)	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.				
and the event of my death.				
Name of Nominee/	1	rst choice)		
Nominees .	Relationship	Specification of Shar	e Contact	Number
Bai Whel	Father	50 %		
Bai Rhel	Brother	50%	0333-836	
537 0333.1601915				
(In case of death of first choice) – 2nd Option Name of Nominee/ Relationship G				
Nominees	Relationship	Specification of Share	Contact Nu	ımber
Bal Bheil	Father	100 %	0333-836	2013
I hereby certified that the above				(01.3
I hereby certified that the above me.	ve noted member(s)	of my family mentioned	l are wholly donor	
The earlier nomination made	by me (if any) may	kindly ho to	tepen	dent upon
· ·		mining be treated as can	celled and of no e	ffect
	Nave di Jurea	1		
DATED:		SIGNATURE OR THE	HUMB IMPRESSIO) ON OF
16/9/2024		THEE	MPLOYEE	,
			Louita	