

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

Form of Nom		
	ination for Death Insurance for CTC Employees	
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CNIC # 21 20 3. 81 sta	s/d/w/o North Shah 10has bearing working as CHW hereby	7
nominate the porce.	Working as	
handinia (;	ns mentioned below who is/	7
beneficiary (les) to receive the de	eath insurance amount (are member(s) of my family as	2
	ns mentioned below who is/ are member(s) of my family as eath insurance amount (sum assured) in the event of my death.	,
	(First choice)	
Name of Nominee/	D 1	
Nominees	Relationship Specification of Share Contact Number	
	Contact Number	
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NOUT Sheet Clay	Fla Man V	-
	0346-3120227	2
Abda Shex B	10thed	1
	6331-6742086	
	100.0192000	
(In ca	ase of door - co	
	ase of death of first choice) - 2nd Option	
ranic of Nominee/		
Nominees	Relationship Specification of Share Contact Number	
	Contact Number	
NAMA		
1 tervial B	* Ofher	
	0332-969 5931	
Thereby cortice the	9010101	
Thereby certified that the above not	ited member(a) of	
me.	ted member(s) of my family mentioned are wholly dependent upon	
The	acpendentupon	
The earlier nomination made by me	e (if any) may kindly be treated as cancelled and of no effect	
	(marry) may kindly be treated as cancelled and of no.	
	and of no effect	
9		
DATED.	CICALA	
DATED:	SIGNATURE OR THUMB IMPRESSION OF	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
DATED: 18-64-2024	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
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