Form No.- 6 (Para 15.8)

Nomination for benefits under the West Bengal West Bengal State Government Employees Group Insurance- cum- Savings Scheme, 1987

(When the Government Servant has a family)

I hereby nominate the person (s) mentioned below, who is /are member(s) of my family and confer on him/her/them the weight to receive to the extent specified below any amount that may be sanctioned by the State Government under the West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1987 in the event of my death while in service or which having become payable on my attaining the age of Superannuation or cessation of employment with Government for any other reason and which may remain unpaid at my death.

Name & Address of the Nominees	Relationship with the Government Servant	Age of Nominee	Share payable to each Nominee	Contingencies on happening of which nomination shall become invalid	Name, Address & relationship of the person(s) whom the right of nominee shall pass in the event of his/her predeceasing the Government Servant
1	2	3	4	5	6

Dated, the	day of	at	
Witness:	Name & Address	<u>Signature</u>	(Signature of the Government Servant)
1.			Name in Block letters :
			Designation :
2			
2.			
		Countersigned by Head of Office/ Controlling O	Officer
			