

NORTH-EASTERN HILL UNIVERSITY  
SHILLONG -793022.

FORM OF NOMINATION

I Shri/Smti. \_\_\_\_\_

do hereby nominate the person mentioned below who is a member of my family / not a member of family as defined in the General Provident Fund rules to receive the amount that may stand to my credit in the Fund in the event of my death before the amount has become payable or having become payable or having become payable has not been paid.

Name & Address of nominee(s).	Relationship with subscriber.	Age	Contingencies on the happening of which the nomination shall become invalid.	Name, Address & relationship of the person, if any to whom the right of nominee shall pass in the event of the death of nominee.
1.				
2.				
3.				
4.				
5.				

Dated this ..... day of ..... 2004.  
at .....

Two witnesses to signature-  
1.  
2.

Full name of subscriber  
.....  
Department .....  
Signature of subscriber .....  
G.P.F. Account No. ....

N.B.: Signature of nominee(s) attested by the employee may kindly be enclosed .

Signature of employee

Signature of nominee(s)