

**FIRST SCHEDULE RULE 5 (3)**  
**FORMS OF NOMINATION**

When the subscriber has a family and wished to nominate the number thereof.

1. I Shri. (Full name in Block Letter ) : Shri. \_\_\_\_\_

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule 2 of 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 that amount has become payable, or having become payable has not been paid				
Name and Address of Nominee	Relationship with subscriber	Age	Contingent on the happening of which the nomination shall become invalid	Name, Address and relation of the person / persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber
1	2	3	4	5

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20.....

at \_\_\_\_\_

Two witnesses to sign:

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of subscriber

Full Name : \_\_\_\_\_

( in block letter )

Designation : \_\_\_\_\_

Office : Meghalaya ( Civil ) Secretariat.

( 2 )

**II.** When the subscriber has a family and wishes to nominate more than one member thereof

I Shri/Smti. (Full name in Block letter)

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule 2 of the General Provident Fund Rules, 1985 to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable has not been paid, and direct the said amount shall be distributed among the said persons in the manner shown against their names.					
Name and Address of Nominee	Relationship with subscriber	Age	Amount of share of accumulations to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person/persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber
1	2	3	4	5	6

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20.....

at \_\_\_\_\_

Two witnesses to sign:

1. \_\_\_\_\_

3. \_\_\_\_\_

Signature of subscriber

Full Name : \_\_\_\_\_

( in block letter )

Designation : \_\_\_\_\_

Office : Meghalaya ( Civil ) Secretariat.

Contd....3/-

III. When the subscriber has no family and wishes to nominate one person.

I Shri/Smti. (Full Name in Block letter)

I having no family as defined in Rule 2 of the General Provident Fund Rules, 1985 hereby nominate the person mentioned below to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable or having become payable has not been paid				
Name of Address of Nominee	Relationship with Subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person/persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber
1	2	3	4	5

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20.....

at \_\_\_\_\_

Two witnesses to sign:

1. \_\_\_\_\_

4. \_\_\_\_\_

Signature of subscriber

Full Name : \_\_\_\_\_

( in block letter )

Designation : \_\_\_\_\_

Office : Meghalaya ( Civil ) Secretariat.

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IV. When the subscriber has no family and wishes to nominate more than one person.

I Shri/Smti. (Full name in Block letter)

I hereby nominate the person mentioned below, who is a members of my family as defined in Rule 2 of the General Provident Fund Rules, 1985 to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable has not been paid, and direct the said amount shall be distributed among the said persons in the manner shown against their names.					
Name and Address of Nominee	Relationship with subscriber	Age	Amount of share of accumulations to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person/persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber
1	2	3	4	5	6

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20.....

at \_\_\_\_\_

Two witnesses to sign :-

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of subscriber

Full Name : \_\_\_\_\_

( in block letter )

Designation : \_\_\_\_\_

Office : Meghalaya ( Civil ) Secretariat.

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