

**BHASKARACHARYA COLLEGE OF APPLIED SCIENCES
(UNIVERSITY OF DELHI)
SECTOR-2, PHASE-I, DWARKA, NEW DELHI-110075.**

**NOMINATION FOR BENEFITS UNDER GROUP INSURANCE SCHEME OF
UNIVERSITY OF DELHI AND ITS MAINTAINED INSTITUTIONS/AFFILIATED
COLLEGES.**

Appointment of Beneficiary

I _____ is an insured member of the Group Saving Linked Scheme of University of Delhi and its maintained institutions/affiliated colleges hereby appoint in terms of Rule No.13 (Appointment of Beneficiary) of rules governing the scheme, the person(s) mentioned below to be the beneficiary to whom the money payable in terms of the rules of the scheme shall be paid in the event of my death.

NAME & ADDRESS OF BENEFICIARY/ BENEFICIARIES	RELATIONSHIP WITH THE INSURANCE	AGE	SHARE OF AMOUNT TO BE PAID EACH	CONTINGENCIES ON THE HAPPENING OF WHICH THE APPOINTMENT OF BENEFICIARY SHALL BECOME INVALID	NAME, ADDRESS & RELATIONSHIP OF THE PERSON, IF ANY, TO WHOM THE RIGHT OF BENEFICIARY SHALL PASS IN THE EVENT OF HIS PREDECESSING THE INSURED
1	2	3	4	5	6

N.B. :- Please draw lines across the blank space below the last entry to prevent insertion of any name after the insured has signed.

Dated this _____ day of _____ 20_____.

Signature of two Witness:

- | | |
|--|---|
| <p>1. Signature _____
Name _____
Address _____</p> | <p>Signature of the insured member
Designation _____
Deptt./Institution _____</p> |
| <p>2. Signature _____
Name _____
Address _____</p> | <p>Address _____
Forwarded by
Designation _____
Deptt./Institution _____</p> |