

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

NOMINATION FORM FOR PROVIDENT FUND & GRATUITIY etc.

I _____ nominate the following person/persons.

NAME & ADDRESS OF BENEFICIARY/WHOM BENEFICIARIES SHALL	RELATIONSHIP WITH THE INSURED	AGE	SHARE OF AMOUNT TO BE PAID EACH	CONTINGENCIES ON THE HAPPING OF WHICH THE APPOINTMENT OF BENEFICIARY SHALL BECOME INVALID	NAME, ADDRESS & RELATIONSHIP OF THE PERSON, IF ANY, TO THE RIGHT OF PASS IN THE EVENT OF HIS PREDECEASING 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:

1. Signature _____

Name _____

Address _____

2. Signature _____

Name _____

Address _____

Signature of Employee _____

Designation _____

Department _____

Address _____

PRINCIPAL