

FORM II  
(Paragraph-3.1)  
NOMINATION FOR TAMIL NADU FAMILY BENEFIT FUND SCHEME

Name and address  
of Nominee

Relationship  
with officer

Age

Dated this

day of

Signature of the Government  
Servant

Name in Block  
Letters :

Address :

Witness to Signature :

1,

2.

CERTIFIED that the above nomination is in order with reference to the rules mentioned in paragraph 3.1 of the Hand Book of Instructions.

Signature of the Countersigning  
Officer.

In the case of nomination of minor, name and address of the person to whom the cheque should be handed over, should be specified just below the name of the nominee within brackets.

Note: Nominee shall be wife/husband, minor/child or children or father (in that order)

I hereby nominate the persons mentioned below who are members of my family to receive in the order shown below the family pension which may be granted by Government in the event of my death.

The nomination supersedes the nomination made by me  
earlier on which stands cancelled

Dated this                      day                      19  
at

1.

2.

To be filled in by the Head Office in the case of a non gazetted Officer.

Signature of Head  
of Office

Date \_\_\_\_\_

Designation

PART III SECTION IX

DETAILS OF FAMILY

Name of the Government Servant .....  
Designation-.....  
Date of birth .....  
Date of appointment .....

Details of the members of my family\* as on.....

Sl. No.	Name of the members of family*	Date of birth	Relation-ship with the Officer	Initial of the Head of Officer	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					

I hereby undertake to keep the above particulars up to date by notifying to the Audit Officer/Head of office any addition or alteration.

Place : .....

Signature of the Government  
Servant.

Dated the .....

\* Family for this purpose means :-

- a. Wife, in the case of a male Govt. Servant ;
- b. Husband, in the case of a female Govt. servant ;
- c. Sons below eighteen years of age and unmarried daughters below 21 years of age, Including such son or daughter adopted legally before retirement; and
- d. Parents, in the case of unmarried Govt. servants.

NOTE : Wife and husband shall include respectively  
judicially separated wife and husband.

FORM OF NOMINATION

I, ..... hereby nominate the person(s) mentioned below who is /are member(s)/non-members of my family as defined in rule 2 of the General Provident Fund (Tamil Nadu) Rules, to receive the amount that may stand to my credit in the Fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her pre-deceasing the subscriber	If the nominee is not a member of the family as provided in rule 2, indicate the reasons.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Dated this ..... day of ..... 19..... at .....

Two witnesses to signature -

1. Name and address
2. Name and address

Signature

Signature of the subscriber

Name in Block Letter. ....  
Designation: .....

FOR USE BY THE HEAD OF OFFICE/ACCOUNTANT-GENERAL OFFICE

Nomination by Thiru/Mst/Selvi.  
Designation:

Signature of  
Head of Office/Accountant-General Office

Designation:

Date of receipt of nomination

Date:

**NOMINATION FOR TAMIL NADU GOVERNMENT EMPLOYEE'S SPECIAL  
PROVIDENT FUND-CUM-GRATUITY SCHEME**

When the Government servant has a family and wishes nominate one member, or more than one member, thereof.

I hereby nominate the person/persons mentioned below who is/are member's of my family and confer on him/them the right to receive, to the extent specified below, any Tamil Nadu Government Employee's Special Provident Fund-Cum-Gratuity that may be sanctioned by the Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any Tamil Nadu Government Employees Special Provident Fund-Cum-Gratuity Scheme which having become admissible to me on retirement may remain unpaid at my death.

Original nominee(s)				Alternate nominee(s)	
Name and address of nominee/ nominees	Relationship with Government Servant	Age	Amount of share of gratuity payable to each	Name, address relationship and age of the person or persons, if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Govt. servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount of share of TN Govt. Employees Fund-cum-Gratuity Scheme payable to each
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on.....which stands cancelled.

\*The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

Dated this                      day of  
at

Witness to Signature:

1.

2.

Signature of Government  
Servant

(To be filled in by the Head of Office/Audit Officer)

Nomination by:

Signature of Head of Office/  
Audit Officer

Designation:

Date:

Office:

Designation:



-CUM-GRATUITY

I hereby nominate the person/persons mentioned below who is/are member's of my family and confer on him/them the right to receive, to the extent specified below, any

-Cum-Gratuity that may be sanctioned by the Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any

-Cum-Gratuity which having become admissible to me on retirement may remain unpaid at my death.

This nomination supersedes the nomination made by me earlier on.....which stands cancelled.

\*The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

Dated this                      day of  
at

Witness to Signature:

1.

2.

Signature of Government  
Servant

(To be filled in by the Head of Office/Audit Officer)

Nomination by:

Signature of Head of Office/  
Audit Officer

Designation:

Date:

Office:

Designation: