



Indian Institute of Engineering Science and Technology, Shibpur

Howrah -711103

Declaration Of Details Of The Family

To
The Registrar
IEST, Shibpur

Through Proper Channel

Sir / Madam,

In order to facilitate settlement of claims in respect of Family Pension Scheme for the employees of the Institute, I do hereby furnish the details of my family in the following table for record in your office.

Name of the Employee	Sl. No	Name of the Member (s) of the Family	Date of Birth (with supporting documents)	Relationship with the Employee	Affix Stamp size Photograph(s) of the Member (s) of the family		
	1.						
	2.						
	3.						
	4.						
	5.						

Dated

Place: IEST, Shibpur

Yours faithfully,

Full Signature _____

Full Name _____

(In BLOCK LETTERS)

Designation _____

Mobile No. _____

Accepted as furnished above

Registrar
IEST, Shibpur

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20/06/2023



Indian Institute of Engineering Science and Technology, Shibpur
Howrah -711103
Nomination For Death Gratuity

To
The Registrar
IEST, Shibpur

Through Proper Channel

Sir / Madam,

I, do hereby nominate the person mentioned below, and confer on him/her the right to receive the death gratuity that may be sanctioned by the IEST, Shibpur in the event of my death.

Name in full and Address of the Nominee (In BLOCK LETTERS)	Relationship with the Employee	Date of Birth (with supporting documents)	Contingencies on the happening of which the nomination shall become invalid	Name (s), address and relationship, of the person(s), if any, to whom the right conferred on the nominee (referred In Col. 1) shall pass in the event of the nominee predeceasing the Employee
1	2	3	4	5

Dated: _____ at IEST, Shibpur

Yours faithfully,

Witnesses:

(i) _____
Name in full in block letters

Designation _____

Signature _____

Mobile No. _____

(ii) _____
Name in full in block letters

Designation _____

Signature _____

Mobile No. _____

Name of the Employee in block letters

Full Signature

Designation

Mobile No.

Nomination for death gratuity by _____ Designation _____ is accepted as furnished above

Registrar
IEST, Shibpur

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20/06/2023



Indian Institute of Engineering Science and Technology, Shibpur

Howrah -711103

Nomination for Group Savings Linked Insurance Scheme

To
The Registrar
IEST, Shibpur
Sir/Madam,

Through Proper Channel

I, do hereby nominate the person mentioned below, who is/is not a member of my family and confer on him/her the right to receive the benefit that may become payable in the event of my death while in service. This nomination supersedes the nomination made by me earlier on

Name (s) & Address of Nominee (s)	Relationship with the Employee	Date of Birth (with supporting documents)	Share (In %)	Contingencies on the happening of which the nomination shall become invalid	Name (s), address and relationship, of the person (s), if any, to whom the right conferred on the nominee shall pass in case the person nominated dies before the demise of the employee or after his/her demise but before the release of payment	Amount of share of the benefits payable to each
1	2	3	4	5	6	7

Date : _____ at IEST, Shibpur

Signature of two witnesses:

(i) _____

(ii) _____

Employee's Signature & Designation

Mobile No. _____

Note : 1. The Officer shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note : 2. Fourth column should be filled in so to cover the whole amount of benefits.

Note : 3. The amount/share of the benefits shown in last column should cover the whole amount/share payable to the original nominees.

Nominated by _____ Designation _____ is accepted as furnished above.

Registrar
IEST, Shibpur

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20/06/2023



Indian Institute of Engineering Science and Technology, Shibpur

Howrah -711103

Nomination For General /Contributory Provident Fund Of Employee

To
The Registrar
IEST, Shibpur

Through Proper Channel

Sir / Madam,

_____ Designation _____

(FULL NAME IN BLOCK LETTERS)

do hereby nominate the person (s) mentioned below who is/are member (s)/ non-member(s) of my family as defined in Rule 2 of the General Provident Fund (Central Government Service) 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 full Address of the Nominee (s) 1	Relationship with the Subscriber 2	Date of Birth with Proof 3	Share payable to each Nominee 4

Contingencies on the happening of which the nomination will become invalid 5	Name, address & relationship of the person(s), if any, to whom the right of nominee shall pass in the event of his/her predeceasing the nomination 6	If the nominee is not a member of the family as provided in Rule 2, Indicate the reasons 7

Date: _____ at IEST, Shibpur

Two Witnesses:

(i) Signature : _____

Name : _____

Designation : _____

Mobile No. _____

(ii) Signature : _____

Name : _____

Designation : _____

Mobile No. _____

(Signature of the Subscriber)

(Name in Block Letters)

(Designation)

Mobile No. _____

P. F. A/C No. _____

For Use by the Office

Nomination by Shri/Smt. _____ Designation _____ is accepted.

Date of receipt of Nomination _____

Date.....

Registrar
IEST, Shibpur

@KMP
20/06/2023