FORM 3 [See rule 54 (12)] Details of Family

- 1. Name of the Government servant
- 2. Designation
- 3. Date of birth
- 4. Details of the members of family as on----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						-
8.						
9.						
10.						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Government servant

Place:

Date:

Note 1. — The original Form submitted by the Government. servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government. servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. — The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

Form No. 13

[See *Para* 6]

CENTRAL GOVERNMENT EMPLOYEES' GROUP INSURANCE SCHEME, 1980

Date of joining Govt. service	Date of admission to the CGEGI Scheme	Group to which admitted	Rate of monthly contri- bution (Rs.)	Peri From	od To	Events with exact date affecting Cols. (3) and (4)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	\=\(\)						

FORM 1 [See Rule 53 (1)] Nomination for Retirement Gratuity/Death Gratuity

When the Govt. servant has a family and wishes to thereof.	nominate one member and more then one member,
is / are member(s) of my family, and confer on him any gratuity the payment of which may be authori	reby nominate the person/persons mentioned below who nothen the right to receive, to the extent specified below, zed by the central Government in the event of my death eath, to the extent specified below, any gratuity, which y remain update at my death:

Original nominee(s)				Alternate nominee(s)		
Names and address of nominee / nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable To each	Name, Address, Relationship and age of person or persons, if any, to whom the right conferred on the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each	
(1)	(2)	(3)	(4)	(5)	. (0)	

This nomination super	rsedes the nomination made by me earlier
onwhich stands cancelled.	, <u>(</u>
Dated this day of	at
Witnesses to signature:	
1	
2	Signature of Government servant
(To be filled by the Ho	ead of office)
	Signature of Hood of office
Nomination by	Description of Head of office
Designation	Date
	Designation
Nomination by Designation	Signature of Head of office Date Designation

NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVENRMENT EMPLOYEES GROUP INSURANCE SCHEME, 1980

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

Government Employe	amount that res Group Ins	nay be urance	y, and conf e sanctione e Scheme.	er on him/them the red by the Central Go 1980 in the event of	right to receive, to the extent overnment under the Central my death while in service of on may remain unpaid at my			
Name and addresses of nominee/nominees	Relationship with the Govt. Servant	Age	*Share of amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address, relationship of persons, if any, to whom the right of the nominee shall pass in the event of the nominee predeceasing the Government Servant			
1								
2.								
3.								
N.E. The Government ser	rvant should draw	line acro	ss the blank sp	ace below his last entry				
to prevent insertion of	of any name after	he has si	gned					
Dated, this	day c	of		20 at				
Signatures of the witness	ses							
1								
2								
				(Signate	ure of Government Servant)			
	Name in block letter							
SIGNATURE OF Designation								
HEAD OF OFFICE								

^{*}This column should be filled in as to cover the whole amount that may be payable under the Insurance Scheme