

Form No.7
NOMINATION FOR BENEFITS UNDER THE STATE GOVERNMENT
EMPLOYEES GROUP INSURANCE SCHEME, 1992

(When the Government servant has a family and wishes to nominate one person or more than one person thereof.)

I hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the State Government under State Government Employees Group Insurance Scheme, 1992, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death

Name & Address(es) of nominee/nominees	Relationship With 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 the person, if any, to whom the right of the nominee shall pass in the event of His/her predeceasing the Govt. service
1	2	3	4	5	6

Dated this		day of		200	at	
Signature of the subscriber:						
Name in Block letters:						
Designation:						
Two witnesses to signature						
Signature:		Signature:				
Name:		Name:				
Address:		Address:				

N.B.: The Government Servant should draw line across the blank space below his last entry to prevent the insertion of any name after he has signed.

* This column should be filled in so as to cover the whole amount may be payable under the Insurance Scheme.