FORM NO.8 (SEC.PARA 19.7)

NOMI NATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT $\underline{\mathsf{EMPLOYEES}}$ $\underline{\mathsf{GROUP}}$ INSURANCE SCHEME, 1980

His/her predeceas-	(When the Government Sone member thereof)	Servant has	a fa	amily a	and wishes	to nominate one r	nember or more than
Of Nominee/Nominees with Govt. Servant of amount to be ening of which Paid to the nomination the nominee shall become Invalid pass in the event of His/her predeceas-Ing the Govt. service 1 2 3 4 5 6 Dated this day of 2003 at Two witnesses to Signature (With name,designation,emp.code) 1. 2. Signature of Govt. Servant Name	below who is/ are member extent specified below a Central Government Empin service or which have	per(s) of my any amount ployees Gro ing become	y fa tha oup	mily, a t may Insura	and confer of be sanction nce Scheme	on him/her the rig ned by Central G e, 1980 in the eve	ght to receive to the overnment under the nt of my death while
Dated this day of 2003 at Two witnesses to Signature (With name, designation, emp. code) 1. 2. Signature of Govt. Servant Name	• •	with Govt.		Age	of amount to be Paid to	on the happ- ening of which the nomination shall become	relationship of the person, if any, to whom the right of the nominee shall pass in the event of His/her predeceas-Ing the Govt.
Two witnesses to Signature (With name,designation,emp.code) 1. 2. Signature of Govt. Servant Name	1	2	3	4		5	
Signature of Govt. Servant Name Designation Emp. Code	Two witnesses to Signation, (With name, designation,	ıre		2í	003 at		
Name Designation Emp. Code	2.						
Designation Emp. Code					N	_	
					D E	esignation mp. Code	

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.