

ALLAMA IQBAL OPEN UNIVERSITY
FORM " A "

**Forms of Nomination for Benevolent Fund, General Provident Fund
and Group Insurance**

Name and Designation of the Employee: _____

Department/Region _____

I hereby nominate the person/persons mentioned below who is/are member/members of my family as defined in Section 2 of the Federal Employees Benevolent Fund, General Provident Fund and Group Insurance Act, 1969 (II of 1969), to receive the benevolent grant, the amount that may stand to my credit in the General Provident Fund, in event of my death before that amount has become payable or having become payable (has been paid) and the sum assured in the event of my death.

PART-I

(For Wife/Husband only)

Name of Nominee/Nominees	Relationship	Age	Specification of share	Remarks

PART-II

(For members of family other than Wife/Husband)

Name of Nominee/Nominees	Relationship	Age	Specification of share	Remarks

Certified that the member or members of my family mentioned in part-II reside with me and are wholly dependent upon me.

The earlier nomination made by me, may kindly be treated as cancelled.

Dated: _____

(Signature or Thumb impression of the employee)

Witness:

(1) _____

Witness:

(2) _____

(Signature and seal of the Head concerned)

**ALLAMA IQBAL OPEN UNIVERSITY
FORM “ B ”**

**NOMINATION FOR DEATH-CUM-RETIREMENT
GRATUITY/PENSION/PAY AND ALLOWANCES**

Name and Designation of the Employee: _____

Department/Region _____

**(WHEN THE AIOU EMPLOYEE HAS A FAMILY AND
WISHES TO NOMINATE ONE MEMBER THEREOF)**

I, hereby nominate the persons mentioned below, who are members of my family, and confer on them the right to receive the extent specified below any gratuity and the pension that may be sanctioned by the University and arrears of my pay and allowances due to me, in the event of my death while in service and the right to receive gratuity, pension, pay and allowances on my death which having become admissible to me on retirement may remain unpaid at my death.

Name & Address of Nominee	Relationship with the AIOU Employee	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the AIOU Employee

**(WHEN THE AIOU EMPLOYEE HAS A FAMILY AND
WISHES TO NOMINATE MORE THAN ONE MEMBER THEREOF)**

Name & Address of Nominee	Relationship with the AIOU Employee	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the AIOU Employee

The earlier nomination made by me, may kindly be treated as cancelled.

Dated: _____

(Signature or Thumb impression of the employee)

Witness:

(2) _____

Witness:

(2) _____

(Signature and seal of the Head concerned)

