

Institute for Studies in Industrial Development
Group Leave Encashment Fund
Nomination Form

1. Name of employee :
(in block letters)
2. Sex :
3. Religion :
4. Father's name :
5. Husband's name :
(for married women only)
6. Marital status :
7. Date of birth : Day Month Year
8. Permanent address :
Village Thana Taluk/Sub-Division
Post Office District State

I hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit in the Leave Encashment fund in the event of my death before that amount becomes payable, or having become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names:

| Name and address of nominee or nominees | Nominee's relationship with the employee | Age of nominee | Amount or share of accumulations in the Leave Encashment fund to be paid to each nominee |
|---|--|----------------|--|
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Certified that my father/mother/sister(s) minor brother(s) is/are dependent upon me.
Dated this day of 20 at

Signature of employee

Admn. Asstt.

Certified that the above declaration has been signed by Shri/Smt.
before me after he/she has read the entries.

Finance Officer

Date: