

FORM NO. 6**NOMINATION FOR BENEFITS UNDER THE WEST BENGAL STATE GOVERNMENT
EMPLOYEES GROUP INSURANCE-CUM-SAVINGS SCHEME, 1983/1987**

(When the Government Servant has a Family)

I hereby nominate the Person(s) mentioned below, who is / are member(s) of my Family, 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 the W. B. Government Employees Group Insurance Cum-Savings Scheme 1983/1987 in the event of my death while the service or which having become payable on my attaining the age of Superannuation or cessation of employment with Govt. for any other reason and which may remain unpaid at my death.

Name & address of Nominee / Nominees	Relationship with Govt Servant	Age	*Share to be paid to each	Contingencies the happening of which the nomination to come in valid.	Name, address relation- ship of the person, if any to whom the right of nominee shall pass in the event of his pre- deceasing the Govt Servant
1.					
2.					
3.					
4.					
5.					
6.					

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

Dated this day of 200 , at

Signature of two Witness :—

1.

2.

Signature of the Govt Servant

*The Column 4 should be filled in so as to cover the whole amount that may be payable under the Scheme

Countersignature by Head of
Office/Controlling Officer