



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
NEW DELHI

**FORM I**

(Referred to in Para 1.3 of Section I Appendix A)  
**FROM OF NOMINATION**  
(For General / Contributory Provident Fund)

member(s) of my family as defined in Sub Clause (a) or Clause 3 of statute 26 to receive the amount that may stand to my credit in the Fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Account No. ....

Name & full Address of the nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share Payable to each nominee	Contingencies on the happening of which the nomination will become invalid.	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rules indicate the reasons.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Dated this ..... day of .....  
Two witnesses signature  
(Name and Address)

Signature ..... 2000

Signature of the subscriber

Name in Block Letters  
Designation  
Space for use by the Finance Officer  
Accepted.  
Signature of Finance Officer



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
NEW DELHI

**FORM II**

(Referred to in Rule 25.1. of Section III of Appendix A  
**Nomination for Retirement Gratuity Death Gratuity**)

When the employee has family and wishes to nominate one member or more than one member, there of,

I, \_\_\_\_\_ here by nominate the person /persons 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 gratuity the payment of which may be authorised by the IGNOU in the event of my death while in service and the right to receive on my death to the extent specified below any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original Nominee(s)

Alternate Nominee(s)

Names and addresses of nominee/nominees	Relationship with the employee	Age	Amount of share of gratuity payable to each	Name address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing, the employee or the nominee dying after the death of the employee but before receiving payment of gratuity.	Amount of share of gratuity payable to each @
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled

Note :- (1) The employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.  
(2) Strike out which is not applicable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2000 at \_\_\_\_\_

Witness to signature :  
1. \_\_\_\_\_  
2. \_\_\_\_\_

Signature of the employee

- This column should be filled in so as to cover the whole amount of the gratuity.
- @ The amount/share of gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).





**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
NEW DELHI

**FORM II A**

(Referred to in Rule 25.1. of Section III of Appendix A  
**Nomination for Retirement Gratuity Death Gratuity**

When the employee has no family and wishes to nominate one member or more than one member, thereof,

I, \_\_\_\_\_ having no family, here by nominate the person /person mentioned below and confer on him/them the right to receive to the extent specified below any gratuity the paymer of which may be authorised by the IGNOU in the event of my death while in service and the right to receive on my death to the extent specified below any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original Nominee(s)

Names and addresses of nominee/nominees	Relationship with the employee	Age	Amount of share of gratuity payable to each	Alternate Nominee(s)	
				Name address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing, the employee or the nominee dying after the death of the employee but before receiving payment of gratuity.	Amount of share of gratuity payable to each @
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled  
Note :- (1) The employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.  
(2) Strike out which is not applicable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2000 at \_\_\_\_\_

Witness to signature :  
1. \_\_\_\_\_  
2. \_\_\_\_\_

Signature of the employee

- This column should be filled in so as to cover the whole amount of the gratuity.
- @ The amount/share of gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).



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**FORM III**

(Referred to in Para 32.10 of Section IV of Appendix A)

**DETAILS OF FAMILY**

Name of the employee  
Designation  
Date of Birth  
Date of appointment

Details of the members of my family as on \_\_\_\_\_

Sl. No	Name of the members of family	Date of Birth	Relationship with the officer	Initials of the Head of the Office	Remarks

I here by undertake to keep the above particulars upto date by notifying to the Head of Office any addition or alteration

Dated the.....

Signature of employee.