

ANNAMALAI UNIVERSITY

FORM OF DECLARATION

Token No..... Name.....(Married/Unmarried)

Designation and Department.....

I hereby nominate the following person(s) to receive the amount at my credit in the following accounts in the event of my death.

1. NOMINATION FOR PROVIDENT FUND

ORIGINAL NOMINEE(S)				ALTERNATIVE NOMINEE(S)	
Name and address of the nominee	Relationship With University employee	Age	Share payable to each nominees **	Name, address and Relationship of the person if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the University Employee	Share payable to each nominees **

2. NOMINATION FOR SPECIAL PROVIDENT FUND SCHEME

ORIGINAL NOMINEE(S)				ALTERNATIVE NOMINEE(S)	
Name and address of the nominee	Relationship With University employee	Age	Share payable to each nominees **	Name, address and Relationship of the person if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the University Employee	Share payable to each nominees **

3. NOMINATION FOR FAMILY BENEFIT FUND

ORIGINAL NOMINEE(S)				ALTERNATIVE NOMINEE(S)	
Name and address of the nominee	Relationship With University employee	Age	Share payable to each nominees **	Name, address and Relationship of the person if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the University Employee	Share payable to each nominees **

4. NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

ORIGINAL NOMINEE(S)				ALTERNATIVE NOMINEE(S)	
Name and address of the nominee	Relationship With University employee	Age	Share payable to Each nominees **	Name, address and Relationship of the person if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the University Employee	Share payable to each nominees **

**** This Column should be filled so as to cover the whole amount of Gratuity**

Dated: day of 200

Signature of the Witness(with name and address in Bold letters)

1.

2.

Signature of the University Employee

Registrar, Annamalai University


ANNAMALAI UNIVERSITY

DETAILS OF FAMILY

TOKEN NO. :

Name of the University Employee :

Designation :

Department :

Details of family members as on :

Sl.No	Name of the family members	Date of Birth	Age	Relationship with the employee
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				
4.				
5.				
6.				

Signature of the University Employee