



राष्ट्रीय प्रौद्योगिकी संस्थान जमशेदपुर
NATIONAL INSTITUTE OF TECHNOLOGY JAMSHEDPUR

(An Institution of National Importance under MHRD, Government of India)

ESTABLISHMENT SECTION

O.O. No. NITJSR/ESS/CD/2019-20/...1216

Date: 10/11/2020

NOTICE

All Newly appointed Faculty and Non-Faculty are requested to fillup the enclosed Nomination Form and return the same to the Office of the Establishment Section as early as possible.

This may be treated as most urgent or important.

Chakraborty
10/11/2020

Registrar (I/c)

10/11/2020

No. NITJSR/ESS/CD/2019-20/...1216

Date: 10/11/2020

Copy forwarded to:-

01. The Office of the Director, NIT Jamshedpur for favour & kind information
02. The Office of the All Deans/HODs/HOCs/HOSs, NIT Jamshedpur
03. The Office of the Asstt. Registrar (Estt.), NIT Jamshedpur
04. The Office of the PIC Institute Website, NIT Jamshedpur for Circulation in the Institute, through Institute Website.



NATIONAL INSTITUTE OF TECHNOLOGY

JAMSHEDPUR-831 014

General provident Fund/Pension/Gratuity/Leave Encashment/CGI

FORM NO.11 (Part-1)

Form of Nomination (See Rule-5 iii)

(When the subscriber has the family and wishes to nominate one member there of

--	--

I here by nominate the person mentioned below, who is a member of my family as defined under rule (2) (C) of the rule of General Provident fund/gratuity/Leave encashment/CGI of the national Institute of Technology, jamshedpur to receive the amount that may stand to my credit in the fund, in the event of my death before that amount has become payable or having become payable, has not been paid.

Name & Address of the nominee	Relationship : with subscriber.	Age	Contingencies on happening of which the nomination shall become invalid.	Name, Address, and relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the subscriber.	Name and Address of the person or person to whom payment is to be made on behalf of the nominee when he is minor.

Date : _____	Signature of the Subscriber _____ Name & designation of the Subscriber (in block letter) _____ Permanent Address :-
Place : _____	
Two Signature of the Witness :- _____	
1. _____	
2. _____	