



# भारतीय विदेश व्यापार संस्थान

(मानित विश्वविधालय)

बी-21, कुतुब इंस्टीटयुशनल एरिया, नई दिल्ली-110016

**INDIAN INSTITUTE OF FOREIGN TRADE**  
(Deemed to be University)

B-21, Qutub Institutional Area, New Delhi – 110016

## Nomination Form

For

### Benefits under the IIFT Death-Cum-Retirement Gratuity

When the employee has a family and wishes to nominate one member or more than one member thereof.

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 Institute under the **Death-Cum-Retirement Gratuity** in the even of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & address of nominee(s)	Relationship with IIFT employee	Age	Share to be paid to each other	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right of the nominee shall pass in the even of his predeceasing the IIFT employee

**Note:** the employee should draw the line across the blank space below his last entry to prevent insertion of any names after he / she has signed.

**Dated:** This \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ .

#### Signature of two witnesses:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Post:** \_\_\_\_\_

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\*The column should be filled in so as to cover the whole amount that may be under Gratuity.



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**INDIAN INSTITUTE OF FOREIGN TRADE**

(Deemed to be University)

B-21, Qutub Institutional Area, New Delhi – 110016

## Nomination Form

For

### Benefits under the IIFT Employees Group Insurance Scheme, 1986

When the employee has a family and wishes to nominate one member or more than one member thereof.

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 Institute under the **Employees Group Insurance Scheme, 1986** the even of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & address of nominee(s)	Relationship with IIFT employee	Age	Share to be paid to each other	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right of the nominee shall pass in the even of his predeceasing the IIFT employee

**Note:** the employee should draw the line across the blank space below his last entry to prevent insertion of any names after he / she has signed.

**Dated:** This \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ .

### Signature of two witnesses:

1. \_\_\_\_\_

**Signature:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

\_\_\_\_\_

**Post:** \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\*The column should be filled in so as to cover the whole amount that may be under Insurance Scheme.



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(मानित विश्वविधालय)

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**INDIAN INSTITUTE OF FOREIGN TRADE**

(Deemed to be University)

B-21, Qutub Institutional Area, New Delhi – 110016

## Nomination Form For Benefits under the IIFT C P Fund

When the employee has a family and wishes to nominate one member or more than one member thereof.

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 Institute under the **IIFT C P Fund** in the even of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & address of nominee(s)	Relationship with IIFT employee	Age	Share to be paid to each other	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person if any to whom the right of the nominee shall pass in the even of his predeceasing the IIFT employee

**Note:** the employee should draw the line across the blank space below his last entry to prevent insertion of any names after he / she has signed.

**Dated:** This \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

**Signature of two witnesses:**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Post:** \_\_\_\_\_

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\*The column should be filled in so as to cover the whole amount that may be under IIFT C P Fund.