



VISVA-BHARATI  
SANTINIKETAN  
ANNEXURE

FORM OF NOMINATION  
FOR GRATUITY/ DEATH-CUM-RETIREMENT GRATUITY  
[Covered Under NPS]

(See Rule 18 of Appendix A & Rule 2 of Appendix B)  
Nomination for Gratuity/Death-cum-Retirement Gratuity  
When the employee has a family and wishes to nominate one member thereof

I hereby nominate the person mentioned below, who is a member of my family and confer on him the right to receive any gratuity/death-cum-retirement gratuity that may be sanctioned by the Visva-Bharati in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death : (Vide Memo No. REG/156/28/2023-24 dt. 09.05.2023)

Name and address of the nominee	Relationship with the employee	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person or persons, if any to whom the right conferred on the nominee shall pass in the even of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of the gratuity	Amount or share of gratuity payable to each

This nomination supersedes the nomination made by me on ..... which stands cancelled

Date this.....day of .....20.....at .....

Two witnesses to signature with designation and ID No.

1.....

2.....

Signature of Employee  
Designation  
Department  
I.D. No.

Note: The last column should be filled in so as to cover the whole amount of gratuity.

Nomination by .....

Designation .....

Department .....

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Signature of the Head of the Office

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Registrar  
Visva-Bharati



**VISVA-BHARATI  
SANTINIKETAN**

**STATEMENT INDICATING DETAILS OF FAMILY MEMBERS**

I hereby furnish the details of the members of my 'Family' below as covered under NPS

Sl. No	Name and Address	Date of Birth	Relationship with the Employee
01.			
02.			
03.			
04.			
05.			
06.			

Dated this ----- day of ----- 20-----at -----

Two witnesses to signature with designation and ID No.

1. -----

2. -----

Signature of the employee:

Designation:

Department:

I.D. No.

Important Note : Any change in the statement (addition or correction or deletion) should be intimated to the office of the Registrar immediately after occurrence.

(To be filled by the Head of the Department)

Statement given by ----- is true

Designation -----

Office -----

Entered in the Service Book

Against Serial No. .... Folio .....

-----  
(Signature of Head of Office)

Designation -----

Date -----

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Registrar  
Visva-Bharati