

FORM NO. 'A'

Nomination for Benefit under the AAU Employee's Social Security Fund Ltd. Esstt.

FORMS OF NOMINATION

I do hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the AAU Employee's Cooperative Social Security Fund Ltd. in the event 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/Nominees	Relationship with the Member	Age	Contingencies on the happening of which nomination shall become invalid	Name, address & relationship of the persons, if any, to whom the right of the nominee shall pass in the event of his predeceasing the member
1	2	3	4	5

- 1.
- 2.
- 3.

Dated this..... day of 2017 at.....

Signature of two witnesses with Official Designation

1.
2.

Countersigned
Head of Office

Signature of the member
Full:

Accepted and recorded
Secretary
AAU, ECSSF Ltd.

Memo. No. AAU/ECSSF/...../.....

Date:.....

Returned to Sri/Dr./Smti.....
which is accepted and recorded into AAU, ECSSF Ltd. Nomination Register

Secretary
AAU, ECSSF Ltd.