

FORM NO. 7

Nomination for benefits under the Manipur State Government Employees Group Insurance Scheme, 1985.

When a Government Servant 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/her/them the right to receive to the extent specified below any amount that may be sanctioned by the State Government under the Manipur State Government Employees Group insurance Scheme, 1985 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 and address of nominee/nominees	Relationship with the Government servant	Age	Share to be paid to each*	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 event of his/her predeceasing the Govt. servant.

Dated, this Day of, at *Signature of two witnesses;*

- 1.
- 2.

Signature of the Government servant.

N.B.:- The Government should draw a line across the blank space below his last entry to prevent insertion of any names after he has signed.

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

Countersigned by:-

NAME:
SEAL:
DESIGNATION: