

**INDIAN STATISTICAL INSTITUTE**  
**GPF-cum-Pension-cum-Gratuity Scheme**

***DETAILS OF FAMILY***

Name of the worker (in capital letter) :  
Roll No. :  
Designation :  
Details of the members of my family\*  
as on :

Sl. no.	Name of the members of family**	Date of birth	Relationship with the worker	Remarks
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				
4.				
5.				
6.				

I hereby undertake to keep the above particulars up-to-date by notifying to the in-charge, Retirement Benefit Cell any addition or alteration.

Present Address

Signature of worker

Date :

\*Family for this purpose means

- (a) wife, in case of male worker ;
- (b) husband, in the case of a female worker ;
- (c) sons, unmarried daughters including such son or daughter adopted legally before retirement ;
- (d) Parents who were wholly dependent on the worker when he/she was alive, provided the deceased employee had left behind neither a widow nor a child;
- (e) Widowed/divorced daughter in respect of whom dependency/income criterion as per clarification provided in the O.M. No. C 530/RBC dt 12 May 1999.

**\*\*NOTE :** Wife and husband shall include respectively judicially separated wife and husband.

Accepted : In-Charge  
Retirement Benefit Cell

Date :

# INDIAN STATISTICAL INSTITUTE

Form VIII

(See Rule 4.12.1)

## NOMINATION FOR DEATH/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/persons 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 gratuity that may be sanctioned by the Institute in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death :—

Name and addresses of Nominee/ Nominees	Relationship with the employee	Age	Amount or share of gratuity payable to each*	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of gratuity.	Amount or share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

\* This column should be filled in so as to cover the whole amount of the gratuity.

\*\* The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).

(Contd...2)

Form VIII (Contd.)

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

Note : (i) The employee shall draw lines across the blank space below the last  
entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this.....day of.....199

at.....

Witnesses to Signature :

1.....  
(Signature in full & Roll No.)

Signature of employee

2.....

Roll No.

(To be filled in by the Executive Officer-in-charge, Retirement Benefit Cell)

Nomination by.....

Designation.....

Signature of  
Executive Officer-in-charge,  
Retirement Benefit Cell

Officer.....

Date.....

# INDIAN STATISTICAL INSTITUTE

Form IX  
(See Rule 4.12.1)

## NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

(When the employee has no family and wishes to nominate one person or more than one person)

I, \_\_\_\_\_ having no family, hereby nominate the person/ persons mentioned below and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Institute in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death :

Names and addresses of Nominee/ Nominees	Relationship with the employee	Age	Amount or share of gratuity payable to each*	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of gratuity.	Amount or share of gratuity payable to each.**
(1)	(2)	(3)	(4)	(5)	(6)

\*This column should be filled in so as to cover the whole amount of the gratuity.

\*\*The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

Form IX (Contd.)

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

Note : (i) The employee should draw lines across blank space below the last entry to prevent  
the insertion of any name after he has signed.  
(ii) Strike out which is not applicable

Dated this .....day of .....198 at .....

Witnesses to signature :

1. ....

2. ....

Signature of employee

(To be filled in by the Administrative Officer/Accounts Officer)

Nomination by .....

Designation .....

Office .....

Signature of Administrative Officer/  
Accounts Officer.

Date .....

Designation .....