



सत्यमेव जयते

रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी,
गुवाहाटी -781171
OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS
UDAYAN VIHAR, NARANGI, GUWAHATI - 781171
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NO.- AN/II/452/CIRCULAR/VOL-V

Date: 03/08/2018

IMPORTANT CIRCULAR

To
All Section of Main Office
All Sub Offices as per Standard list

Subject: SUBMISSION OF FORM OF NOMINATION FOR RETIREMENT
GRATUITY/ DEATH GRATUITY (DCRG), NOMINATION FOR BENEFITS
UNDER THE CENTRAL GOVERNMENT EMPLOYEE'S GROUP
INSURANCE SCHEME. 1980 (CGEIS), DETAILS OF FAMILY MEMBERS
DEPENDENT OF GOVT. SERVENT

It is enjoined upon all section of Main Office as well as sub-offices under CDA Guwahati, to submit the nomination form for DCRG, CGEIS, Details of family members dependent of Govt. Servent and two passport size photograph etc. by the New Recruits duly filled up and countersigned by Competent authority, so that the Service Books of the effected individuals can be updated (copy of the same are enclosed)

Submit the same immediately.

Go (AN) has been

- sd-
(AMIT KUMAR)
SR. ACCOUNTS OFFICER
AN-II, GP-I

Copy to:-

The Officer-in-Charge
EDP Section
(Local)

- For information and necessary
uploading in the CDA Guwahati
website please.

Amit Kumar
(AMIT KUMAR)
SR. ACCOUNTS OFFICER

FORM 1
[See Rule 53 (1)]
Nomination for Retirement Gratuity/Death Gratuity

When the Govt. servant has a family and wishes to nominate one member and 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/then the right to receive ,to the extent specified below, any gratuity the payment of which may be authorized by the central Government 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 update at my death:

| Original nominee(s) | | | | Alternate nominee(s) | |
|---|--|---------|---|--|---|
| Names and address of nominee / nominees (1) | Relation ship with the Govern ment Servant (2) | Age (3) | Amount or share of gratuity payable To each (4) | Name, Address, Relationship and age of person or persons, if any, to whom the right conferred on the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity (5) | Amount or share of gratuity payable to each (6) |
| | | | | | |

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

Dated this _____ .at **GUWAHATI**

Signature of two witnesses:

1. _____

2. _____

Signature of Government Servant

(To be filled by the Head of office)

Nomination by
 Designation
 Office.....

Signature of Head of office
 Date.....
 Designation.....

Form No.—8
**NOMINATION FOR BENEFITS UNDER THE CENTRAL
 GOVERNMENT EMPLOYEE'S GROUP INSURANCE
 SCHEME. 1980.**

(when the 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/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Government under the Central Government Employee's Group Insurance Scheme my death while in service of which having become payable on my attaining the age of superannuation may remain unpaid at my death.

| Sl. No. | Name & addresses of Nominee/nominees. | Relation-ship With Govt. Servant. | Age | Share of Amou nt to be paid to each. | Contingen cies On the happening of which the nominati on shall become invalid. | Name, address relationship the person, if any, to whom right of the nominee shall pass in the event of his predeceasing the Government Servant. |
|---------|---------------------------------------|-----------------------------------|-----|--------------------------------------|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |

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

Dated this _____..at **GUWAHATI**

Signature of two witnesses:

1. _____

2. _____

Signature of Government Servant.

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

DETAILS OF FAMILY MEMBERS DEPENDENT OF GOVT. SERVENT

1. Name of the Govt. Servant :-
2. Designation :-
3. Account Number :-
4. Date of Birth :-
5. Date of Appointment :-
6. Marital Status :-
7. Office where Serving :-

8. DETAILS OF DEPENDENT FAMILY MEMBERS (Other than Children):

| Sl. No. | Name | Relationship | Occupation | Sex | Date of Birth | Age |
|---------|------|--------------|------------|-----|---------------|-----|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

9. DETAILS OF DEPENDENT CHILDREN:-

| Sl. No. | Name | Relationship | Occupation | Sex | Date of Birth | Age |
|---------|------|--------------|------------|-----|---------------|-----|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

Declaration

I Sri/Smt. _____ A/C No. _____
hereby declare that a particular of my family as shown above is correct in all respect. I also declare that the above family members are fully dependent on me. This declaration supersedes the earlier declaration made by me earlier.

Signed at this day of , 20

Signature of the Government Servant

COUNTER SIGNATURE

AO/SAO/ACDA/DCDA

ACCEPTED

**Sr. Accounts Officer(AN)
For CDA Guwahati**