

अखिल भारतीय आयुर्विज्ञान संस्थान

[स्थापना अनुभाग (नि.का.)]

फा.सं.36-6/86-स्था-I/खंड-III

अंसारी नगर, नई दिल्ली- 110029

दिनांक-16 जुलाई 2024

कार्यालय जापन

विषय: विभिन्न नामांकन फॉर्म को जमा करने संबंधी।

ऐसा देखा गया है कि कई स्टाफ सदस्यों ने परिवार पेंशन, मृत्यु-सह-सेवानिवृत्ति-ग्रेच्युटी, सामूहिक बचत संबंधित बीमा योजना (जीएसएलआई), परिवार के सदस्यों का विवरण तथा जीपीएफ (पुरानी पेंशन योजना के पदाधिकारी हेतु) आदि के अपने नामांकन फॉर्म जमा नहीं करवाए हैं या उन्हें अद्यतन करने की आवश्यकता है।

संस्थान के सभी स्टाफ सदस्यों से यह अपेक्षित है कि वह परिवार पेंशन, मृत्यु-सह-सेवानिवृत्ति-ग्रेच्युटी और जीएसएलआई के यथोचित लाभों की प्राप्ति के लिए अपने नामांकन फॉर्म जमा करें या उन्हें अद्यतन करवाएं।

कृपया अपने संबंधित स्थापना अनुभाग के रिकार्ड हेतु निर्धारित प्रारूप (संलग्न) में नामांकन फॉर्म जमा/अद्यतन कराएं। यह नोटिस सभी स्टाफ सदस्यों की जानकारी एवं अनुपालन के लिए है।

इसे सक्षम प्राधिकारी के अनुमोदन से जारी किया जाता है।

अनिता टेटे
18/7/2024
(अनिता टेटे)

वरिष्ठ प्रशासनिक अधिकारी

संलग्न: यथोपरि

वितरण:

1. सभी केंद्र प्रमुख
2. सभी विभागाध्यक्ष
3. प्रभारी आचार्य, कम्प्यूटर सुविधा- इसे संस्थान की वेबसाइट पर अपलोड करने के अनुरोध सहित।

वितरण:

1. सभी स्थापना अनुभाग, एम्स
2. कम्प्यूटर सुविधा- इसे संस्थान की वेबसाइट पर अपलोड करने के अनुरोध सहित।

e-1565695

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
[ESTABLISHMENT SECTION (DO)]

No. F. 36-6/86-Estt.-I /Vol. III

Ansari Nagar, New Delhi-110029.
Dated the:- 16th July, 2024

OFFICE MEMORANDUM

Subject: Submission of Various Nomination Forms.

It has been observed that many employees have either not submitted or require updates to nomination forms for Family Pension, Death-cum-Retirement Gratuity, Group Saving Linked Insurance Scheme (GSLI), family details, and GPF (for Old Pension Scheme incumbents) etc.

All employees are required to submit or update their nomination forms to ensure the rightful receipt of family pension, death-cum-retirement gratuity, and GSLI benefits.

Please submit/update nomination forms in the prescribed format (attached) to your respective Establishment Section for record-keeping. This notice is for the information and compliance of all employees.

This issues with the approval of the competent authority.



(ANITA TETE)
SR. ADMINISTRATIVE OFFICER

Encl.: As stated above

Distribution:

1. All Chief of Centres
2. All HODs of the Department
3. The Prof.-In-Charge (Computer Facility) to upload in institute website

Distribution:-

1. All Establishment Section, AIIMS
2. Computer Facility with the request to upload the same on Institute's Website (Content Provider)

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NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

When the Government Servant has a family and wishes to nominate one member, or more than one member, thereof.

I, _____ hereby nominate the/or/persons mentioned below who is/are members of my family and confer on him/them the right to receive, to the extent specified below, any gratuity the payments 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 unpaid at my death :-

Original Nominee (S)				Alter Nominee (S)	
Name & Addresses of Nominee/ Nominees	Relationship with the Govt. Servant	Age	Amount or share of gratuity payable to each	Name, Address, relationship & 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 Govt. servant or the nominee dying after the death of the Govt. servant but before receiving payment of gratuity	Amount or share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)

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

- NOTE : (i) The Government servant 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.

(iii)

Date this _____ day of _____ 19 _____ at _____

Witnesses to signature

1. _____

2. _____

SIGNATURE OF GOVERNMENT SERVANT

(To be filled in by the Head of Office)

Signature of Head of Office

Nominated by

Designation

Office

Designation

Date.....

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Nomination for benefits under the AIIMS Employees Insurance Scheme.

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/her the right to receive to the extent specified below any amount that may be sanctioned by the AIIMS under Employees Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of 58 years may remain unpaid at my death.

Names and addresses of Nominee/Nominees	Relationship with the Employee	Age
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Share to be Paid to each	Contingencies on the Name happening of which The nomination shall become invalid	Address and relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the employee.
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N.B.- The AIIMS Employees should draw lines across the blank space below his last entry to prevent insertion of any names after he has signed.

Dated this day of 1996 at

Signature of AIIMS Employee

Signature of two witnesses:-

1.

2.

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

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FORM-3

DETAILS OF FAMILY

Name of the Govt. Servant :-

Designation :-

Date of Birth :-

Date of Appointment :-

Details of the members of my family :-

*as on ____

Serial No.	Name of the members of family*	Date of Birth	Relationship with the Officer/Employee	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I hereby undertake to keep the above particulars up-to date by notifying to the Head of Office any addition or alteration.

Signature of Government Servant

Place : _____

Dated the : _____

*Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.

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

NOMINATION FORM FOR FAMILY PENSION

I, hereby nominate the persons mentioned below who are member of my family, to receive in order shown below the Family Pension which may be granted by Institute.

Name & Address of nominee	Relationship with Officer	Age	Whether married or unmarried
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Dated this _____ 19 _____ at New Delhi.

Witness to Signature.

1.

2.

Signature of Candidate

(To be filled in by the Head of Office in the case of Non-gazetted Officer)

Nomination by _____

Designation _____

Office _____

Signature of Head of Officer

Dated _____

Designation _____