FORM OF NOMINATION

(Referred to in Rule-5(3)

I hereby nominate, the person(s) mentioned below who is/are member(s) of my family, as defined in rule-2 of the Andhra Pradesh General P.F.Rules to receive the amount, that may stanad to my credit in the fund, in the event of my death, before the amount is became payable of having became payable has no been paid.

Name and Address of the Nominee	Relationship with Government Subscriber	Age	Name of the Guardian in the age of minors	*Contingencies on the on the happening of which the nomination shall become invalid	**Name, address and relationship of the person. If any, to whom the right of the nominee shall pass on the event of his predeceasing the Subscriber.
1	2	3	4	5	6

Dated, this day of 20 at Vizianagaram.

Signature of two witness:

1

2

Signature of the Government Employee.

Courter Signature by DDO.

(Note:- The Employee should draw line across the blank space below his last entry to prevent the 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 Fund.

**-where as Government employee who has no family makes a nomination shall a nomination, shall specify in this column that nomination shall become invalid in the event of his subsequently acquiring a family.