

FORM.NO.7

NOMINATION FOR BENEFITS UNDER THE ANDHRA PRADESH STATE EMPLOYEE'S GROUP INSURANCE SCHEME-1984.

(When the government employee 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 Andhra Pradesh Government under the Andhra Pradesh Employees Group Insurance Scheme, 1984 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 the Nominee/ Nominees	Relationship with Government Employee	Age	*Share of amount to be paid to each	**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 Government employee
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 Insurance Scheme.

**-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.