



भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
(Insurance Cell)

Nomination Form for Group Term Insurance Policy of IITK
(For Teaching Staff)

I,, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death or any other event, to the extent specified below, amount on account of the following:

Name, date of birth (DOB) of the nominee	Address and contact no. of the nominee	Relationship with employee	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor *	Address and contact no. of the person in Col. (5)
1	2	3	4	5	6

*In case nominee is a minor, a guardian certificate is required for the adult who will receive the amount on the minor's behalf.

These nominations supersede any nominations made by me earlier in respect to Group Term Insurance policy of IITK.

Forwarded by HOD/HOS:
Signature (with date) _____

Name: _____

Department _____

Signature of Employee with date

Name: _____

PF No.: _____

Designation.: _____

Email ID: _____

Mobile No.: _____

Note: **The form should be filled in duplicate.** The Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Forwarded to DoFA Office for Verification of Nominee details

Checked by
(Dealing Assistant)

Verified by
(Officer In-charge_DoFA)