

**FORM NO.6 (PARA 15.8)**

Nomination for benefit under the West Bengal State Government  
Employees Group Insurance-cum-Savings Scheme, 1987,  
(When the Govt. Servant has a family)

I hereby nominate the person(s) mentioned below, who is/are member/members 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 State Government under the West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1987 in the event of my death while in service or which having become payable on my attaining the age of superannuation or cessation of employment with Government for any other reasons and which may remain unpaid at my death.

Name and Address of nominee(s)	Relationship with the Govt. servant.	Age	Share to be paid to each.	Contingencies on the happening of which the nomination shall become invalid.	Name, address & relationship of the person, if any, to whom the right of nominee shall pass in the event of his predeceasing the Govt. servant.
1	2	3	4	5	6

Dated, the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ at I.R. Department, Writers' Buildings

\_\_\_\_\_  
Signature of Government Servant.

Signature of two witnesses :-

1.

2.

\_\_\_\_\_  
The Column No.4, should be filled up to cover the whole amount that may be payable under the scheme.

N.B. :- The Govt. servant should draw line across the blank space below his last entry to prevent insertion of any names after he has signed

Countersigned by  
Head of Office/Controlling Officer