



GROUP PERSONAL ACCIDENT INSURANCE SCHEME NOMINEE FORM

Name:

Designation:

Complex/ Division:

I, hereby nominate the person(s) mentioned below, who is/are member(s) of my family and confer on him/them the right to receive to the extent specified below any sum insured to me by the Mangdechhu Hydroelectric Project Authority under Group Personal Accident Insurance Scheme in the event of my death while on duty:

Name & address of nominee(s)	Relationship	Share of compensation (in %)	Citizenship ID Card number/ Passport number/ Voter Identity Card number of the Nominee(s)	Name & address of the guardian to whom payment is to be made on behalf of the minor nominee(s)

Date:

(Affix Legal Stamp)
Signature of the employee.