

**FORM OF APPOINTMENT OF BENEFICIARY UNDER THE RULES OF
SJVN (SELF CONTRIBUTORY) SUPER ANNUATION SCHEME.**

To

.....		Through Respective P&A departments
.....		
.....		

I,.....a member of SJVNL Employee's (Self Contributory) Superannuation Scheme hereby appoint, in terms of clause 17 regarding APPOINTMENT OF BENEFICIARY ,Sh./Smt.....aged..... years (Relationship)..... as beneficiary(s) under the scheme, whose permanent address is given below .

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.....
.....

Signed atthis.....day of20

**Signature of Member
Name:**

Designation :

Emp.No.:

Department

WITNESSED BY:

1. Signature:_____
2. Name:_____
3. Address:_____

1. Signature:_____
2. Name:_____
3. Address:_____