

**FORM – ‘C’**  
**(See Rule 33 (iv) of the Rules)**  
**FRESH NOMINATION**

To

The Secretary  
Board of Trustees  
Satluj Jal Vidyut Nigam Ltd.  
Employees Gratuity Fund.  
Shimla.

Sir,

I, Shri/Shrimati/Kumari.....Employee No. ....of (name of unit) ..... have acquired a family within the meaning of Clause (j) of Rule 2 of the Rules and Regulations of the Satluj Jal Vidyut Nigam Ltd. Employees Gratuity Fund with effect from the .....in the matter indicated below and therefore nominate a fresh persons(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) nominated is/are member(s) of my family within the meaning of Rule 2 (j) of the Rules and Regulations.
3. a) My father/mother/parents is/are not dependant on me.
  - b) My wife’s father/mother/parents is /are not dependant on my wife.
  - c) My husband’s father/mother/parents is/are not dependant on my husband.
4. I have excluded my husband from my family by a notice dated the .....to the Secretary, Board of Trustees in term of Clause (j) (ii) of Rule of the Rules and Regulations.

**NOMINEE(S)**

Sl. No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared.
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				

Place.....

Date.....

Signature/Thumb impression of the employee

**DECLARATION BY WITNESSES**

Fresh Nomination, signed/thumb-impressed before me.

Name and address in full of witness:

Signature of Witnesses

1.

1.

2.

2.

Place .....

Date.....

---

**CERTIFICATE BY THE CONTROLLING OFFICER**

Certified that the particulars of the above nomination have been verified.

Place.....

Date.....

Signature of the Controlling Officer.

**ACKNOWLEDGEMENT BY THE SECRETARY**

The above nomination has been recorded.

Place.....

Date.....

Signature of the Secretary.

---

Note : i) Strike out the words and/or paragraphs not applicable.  
ii) Secretary will send the duplicate copy of this form duly acknowledged to the employee.