

NOMINATION FOR EARNED LEAVE**ENCASHMENT****FORM - 7**

राष्ट्रीय डिज़ाइन संस्थान असम
National Institute of Design Assam

Name of the employee :

Designation :

Dept. / Section / Centre : Emp ID :

NB: [Please delete whichever is not applicable]

I, Dr. / Mr. / Ms..... having / not having a family, hereby nominate the person(s) mentioned below, who is (are) / isn't (aren't) member(s) of my family and confer on them the right to receive the amount to the extent specified below any Earned Leave Encashment that may be sanctioned by the Institute in the event of my death while in service or after my retirement, which become admissible to me and remain unpaid due to my death and direct that the said amount shall be distributed among the said person(s) in the manner shown below against the name(s) :

Name(s) and address(es) of the nominee(s)	Relation-ship with Sub-scriber	Age (yrs)	Amounts or % share to be paid to each	Contingencies on the happening of which the nomination shall become invalid *	Name, address and relationship of the person(s) if any, to whom the right of the nominee shall pass in the event of the nominee(s) predeceasing the subscriber

Note: a) in case a public servant doesn't have a family and makes a nomination, he / she shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

b) Please draw lines across blank space below

This nomination supersedes the nomination made by me earlier on _____, which stands cancelled.

Place :

Date :

Signature of the employee**Witnesses 1**

Signature :

Name :

Address :

Witnesses 2

Signature :

Name :

Address :