***COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH***

**NOMINATION FORM**

**PART I: BIO-DATA**

**Full Name:** …………………………………………………………………………………………………………………………

 *Surname Other Name*

**Current Institute:** ………………………………………….. **Date of First Appointment:** ……………………………………

CAGD ID NO.: ………………………………………………....

**PART II: DECLARATION**

***(a) By Declarant***

I …………………………………………………….., the undersigned, do hereby make this nomination pursuant to the provisions of rules and regulations governing the schemes listed in **(c)** **OR**

***(b)* On behalf of Declarant**

Signed/Thumb printed by …………………………………………………………. the nominating officer herein-after

 **Declarant**

the foregoing had been read over, interpreted and explained to him/her in the ……………… ………………… language

by …………………………….……..………….. of ……………………………….………… and he/she seemed perfectly to

 ***Interpreter******Institute***

understand the same before affixing his/her mark hereto in the presence of ………………………………..………………..

 ***Witness***

***(c) Schemes (circle the appropriate schemes)***

 (i) Superannuation Scheme (ii) Provident Fund (iii) End of Service Scheme

**PART III: NOMINATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME(S) OF NOMINEE(S)** | **RELATION TO NOMINEE(S)** | **PERMANENT ADDRESS** | **% PAYABLE TO NOMINEE(S)** |
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**Notes: (i) Additional sheet if needed (ii) Any alteration to form renders it invalid.**

**PART IV: SIGNATURES**

SIGNATURE/RIGHT THUMB PRINT OF DECLARANT

…………………………………………………………

DATE: ………………………………………………...

***NB:***  *The information provided on this form will be used in the distribution of your benefits as listed in Part III above.*

*AMENDED IN AUGUST 2013 CSIR/SS//NOM/FORM/001*

**WITNESS**

WITNESS TO THE SIGNATURE/THUMB PRINT

FULL NAME: ……………………………………….........................................

SIGNATURE: …………………………………………………………………

INSTITUTE: …………………………………………………………………..

DESIGNATION: ……………………………………………............................

DATE: …………………………………………………………………………

 **THUMB PRINT**