

NAVODAYA VIDYALAYA SAMITI, REGIONAL OFFICE BHOPAL

Annexure - II

I _____ hereby nominate the person(s) mentioned below who is / are member(s) of my family as defined in Rule-2 of the NPS Fund Account Rule (India) 2004 to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become has not been paid (before filling in the form please read instructions overleaf)

NPS Employee Code Number
[To be Allotted by Samiti NPS Cell]

S. No.	Name And Full Address Of The Nominee(s)	Relationship With The Subscriber	Age Of The Nominee(s)	Share Payable To Each Nominee	Contingencies On The Happening Of Which The Nomination With Become Invalid	Name, Address & Relation Of The Right Of Nominee Shall In The Event Of His / Her Predeceasing The Subscriber

Dated this _____ day of _____

Two witnesses for signature along with name and designation

1. Name - _____ Designation _____

CPF / NPS No. _____ Signature - _____

2. Name - _____ Designation _____

CPF / NPS No. _____ Signature - _____

Signature of Subscriber :- _____

Name of Subscriber :- _____

Signature of Principal [along with Office Stamp]

Signature of the Section Officer [along with Office Stamp]