

ANNEXURE-A

FORM OF NOMINATION

(Ref: Regulation 6 of the ~~Orissa~~ Rehabilitation Assistance Regulation, 1996)

I, _____ s/o _____
do hereby nominate the person mentioned below who is a member of my family and confer on him/her the right to receive the payment of _____ which as may be authorised by the Orissa Hydro Power Corporation Limited in the event of my death of permanent incapacitation while in service.

Name and address of nominee/nominees.	Relationship with the employee.	Age as on _____
(1)	(2)	(3)

This nomination supercedes the nomination made by me earlier on _____ at which stands cancelled.

N.B. (1) The employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this _____ day of _____ 19____ at _____

Two witnesses to signature :-

- 1.
- 2.

Date:-

Signature of employee.

(To be filled by the Head of Office)

- (i) Name of employee making Nomination:-
- (ii) Designation :-
- (iii) Office :-
- (iv) Date of receipt of nomination forms duly filled in and signed :-

Signature of Head of Office
Date-
Designation-

Handwritten signature

11/21

I, Sri. [Name] daughter/wife/legal guardian of _____ son/

Sri _____ hereby declare that the information furnished above is true to the best of my knowledge and belief. If any of the facts herein mentioned are found to be incorrect or false at a future date, I understand and agree that I will forfeit all my claims to the ~~kkk~~ benefits under the Scheme. In addition, I shall also be liable to refund the money to the Board of Trustees already received by me under the Scheme.

Date- ✓

Signature of the applicant.

PART-III.

(Certificate by the Head of Office)

Certified that the information furnished by the applicant in this application form have been scrutinised and found ~~correct~~/incorrect.

Forwarded to the Secretary of the Board of Trustees.

Date.

Head of Office.
(Seal & Signature) .

Handwritten mark