

**FORM NO. 7**

**NOMINATION FOR BENEFITS UNDER THE A.P. STATE EMPLOYEES  
GROUP INSURANCE SCHEME, 1984**

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When the Government employee has a family and wishes to nominate the member or more than one member thereof.

I hereby nominate the person(s) mentioned below, who is / are member(s) of my family, and conform on him / them the right to receive to the extent specified below any amount that may be sanctioned by the Andhra Pradesh Government under the Andhra Pradesh State Employees Group Insurance Scheme, 1984 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of the Nominee / Nominees	Relationship with Govt. Employee	Age	Share of amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address relationship of the person if any to whom the rights of the nominee shall pass in the event of his predeceasing the Govt. Employee
1.	2.	3.	4.	5.	6.
01.					
02.					
03.					

Dated this ..... day of ..... at .....

Signature of Two Witnesses :

- 1.
- 2.

**Signature of Government Employee**

- NB: 1) The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.  
 2) This column should be filled in so as to cover the whole amount that may be payable under the insurance scheme

Date of Birth of the Applicant :

Date of 1<sup>st</sup> Appointment :

Scale of pay as on 01.11.1984