

**BHASKARACHARYA COLLEGE OF APPLIED SCIENCES  
(UNIVERSITY OF DELHI)  
SECTOR-2, PHASE-I, DWARKA, NEW DELHI-110075.**

**NOMINATION FORM FOR DEFINED CONTRIBUTION PENSION SCHEME**

I \_\_\_\_\_ nominate the following person/persons.

NAME & ADDRESS OF BENEFICIARY/ BENEFICIARIES	RELATIONSHIP WITH THE INSURED	AGE	SHARE OF AMOUNT TO BE PAID TO EACH	CONTINGENCIES ON THE HAPPENING OF WHICH THE APPOINTMENT OF BENEFICIARY SHALL BECOME INVALID	NAME, ADDRESS & RELATIONSHIP OF THE PERSON, IF ANY, TO WHOM THE RIGHT OF BENEFICIARY SHALL PASS IN THE EVENT OF HIS PREDECESSING THE INSURED
1	2	3	4	5	6

N.B. : Please draw lines across the blank space below the last entry to prevent insertion of any names after the insured has signed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of two Witness:

1. Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature of Employee \_\_\_\_\_

Designation \_\_\_\_\_

2. Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

**PRINCIPAL**