FORM 2
[ See Rule 53 (1) ]

Nomination for Retirement Gratuity / Death Gratuity

(When the Government servant has no family and wishes to nominate one person or more than one person.)

I, .................................................., having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death---

<table>
<thead>
<tr>
<th>Names and addresses of nominee/nominees</th>
<th>Relationship with the Government servant</th>
<th>Age</th>
<th>Amount or share of gratuity payable to each</th>
<th>Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity.</th>
<th>Amount and share of gratuity payable to each.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Nominee(s)</td>
<td>Alternate Nominee(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
<td>(5)</td>
</tr>
</tbody>
</table>

This nomination supersedes the nomination made by me earlier on .................. which stands cancelled.

Note (i) The Government servant 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 ............... 20..... at ........................................

Witnesses to signature:
1..................................................  Signature of Government servant
2..................................................

(To be filled by the Head of office)

Nomination by .................................. Signature of Head of Office
Designation........................................ Date:.................................
Office............................................. Designation........................