

COMSATS Institute of Information Technology

NOMINATION FORM

“Required under the CIIT Pension/Retirement Benefits Statutes, 2010”

Name:

Designation:

Father's Name:

Name of Spouse:






CNIC:

GPF ID:

Department:

PS/Campus:

I, hereby nominate the person/persons mentioned below who is/are members of my family, and confer on them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Institute in the event of my death while in service and the right to receive on my death, to the extent specified below, any family Pension which having become admissible to me on retirement may remain unpaid at my death:

Name & Address of the Nominee(s) along with CNIC number(s)	Relationship with the employee	Age	Percentage of the amount to be paid to each nominee	Contingencies on the happening of which the Nomination shall become invalid	Name, Address, Relationship of person if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing an employee
Name: CNIC: Address:					

Signature of the subscriber:

Signed this ____ day of _____ 20__

WITNESS

Name:

CNIC:

Address:

Signature:

ATTESTATION

Certified, that the above mentioned information is correct as per office record & CIIT statutes.

Name with Signature & Official Stamp
Head of the HR Department