

**Kurukshetra University, Kurukshetra**  
(Established by State Legislature Act XII of 1956)

P.F. No. \_\_\_\_\_

\* (For.....Subscriber)

**FORM FOR NOMINATION FOR PAYMENT OF CLAIMS VIZ. P.F. DEATH-cum- RETIREMENT  
GRATUITY AND LEAVE ENCASHMENT IF ANY, IN THE EVENT OF DEATH.**

I hereby declare that in the event of my death, amount due to me in respect of P.F. Death-cum-Retirement gratuity and leave Encashment, if any from the K.U.K. shall be paid/distributed among the persons mentioned below in the manner shown against each in Col. 4. The amount due to nominee who is minor at the time of my death should be paid to the person whose name appears in Col. 5. I further verify that the nominee (s) is/are the members of my family/not the member of my family as no one is alive.

Name & Address of the Nominee (s)	Relationship with the subscriber	Age of the nominee (s) with date of Birth	Amount of share of the deposit payable	Name & Address of the person to whom share is to be paid on behalf of minor
(1)	(2)	(3)	(4)	(5)

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

<p align="center"><b>Signatures of two witnesses</b></p> <p>1. Signatures.....</p> <p>Name.....</p> <p>Official Address.....</p> <p>.....</p>
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<p align="center"><b>Signature of the Subscriber</b></p> <p>Name.....(in capital letters )</p> <p>Designation.....</p> <p>Department.....</p> <p>P.F. A/c No.....</p>
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<p>2. Signatures.....</p> <p>Name.....</p> <p>Official Address.....</p> <p>.....</p>
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\*Here state married or unmarried

\*Revised by the E.C. vide  
Res. No. 64 of 12-8-86