

FORM PS - 4

**(See Sub-paragraph (1) and (2) of paragraph 5)
NOMINATION FORM**

1. Name (in block letters) _____
2. Coal Mines Provident Fund Account No. _____
3. Father's/Husband's name _____
4. Marital Status _____
5. Permanent Address :
Village _____ Post Office _____
Police Station _____
District _____
6. Date of birth (in Words)
Day _____ Month _____ Year _____

(@) I hereby nominate the person / persons as follows to receive the out standing benefits on my death in service.

(@) I hereby cancel the nomination made by me earlier and make fresh nomination as follows to receive the out standing benefits on my death in service :-

[[@] Delete whichever is not applicable.]

Name & Address of the nominee or nominee(s) in block letters	Nominee's relation with the Employee	Date of birth of the nominee	Amount of share

Signature or thumb impression

X I hereby declare that in the event of my death during the minority of above named nominee(s) the person whose particulars are as follow shall be the guardian of the minor nominee(s).

X I hereby cancel the earlier declaration of the guardian made by me and further declare that in the event of my death during the minority of my above named nominee(s) the person whose particulars are given as follows shall be the guardian of the minor nominee(s).

Name and address of the Guardian	Age of the Guardian.	Relationship of the Guardian with the employee.

Certified that the above declaration has been signed by
 employed in the Colliery in my presence.
 He / She has read the above particulars / above particulars have been read over to him by me.

Regd. No. of Coal Mine _____

Date _____

Signature of the Manager or other Officer

Signature _____

Name & Address of the Coal Mines

X Delete Whichever is not applicable.