

**NOMINATION FORM (CUSB)**  
**FOR DEATH-CUM-RETIREMENT BENEFITS AND LEAVE ENCASHMENT**

When the University employee has a family and wishes to nominate one member or more than one member, thereof,

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Post), hereby nominate the person/persons mentioned below who is/are member/members of my family, and confer on him/them the right to receive, to the extent specified below, any retirement or leave encashment payment of which may be authorized by the Government/Central University of South Bihar, in the event of my death, while in service and the right to receive on my death, to the extent specified below, any retirement /leave encashment which having become admissible to me on retirement may remain unpaid at my death.

Name, date of birth (DOB) and address of the nominee	Relation -ship with employe e/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee under Column (1) predeceases the employee/pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

Name and signature of witness :

1. \_\_\_\_\_ (Name), \_\_\_\_\_ (Signature)

2. \_\_\_\_\_ (Name), \_\_\_\_\_ (Signature)

Signature of University Employee  
Mobile No.-

(To be filled and completed by Establishment Section)

Received Nomination made by \_\_\_\_\_  
Designation \_\_\_\_\_ on \_\_\_\_\_ (date)

Entry of receipt of nomination has been made in page \_\_\_\_\_ part \_\_\_\_\_ of service book.

Signature of Dealing Assistant

Head of the Office/Registrar