

## University of Kashmir

Hazratbal, Srinagar-190006 NAAC Accredited Grade-'A+'

No: F (Acctts-J-I) KU/21

Dated: 30-12-2021

## Circular

This is for information of all the University employees including Daily rated workers/Consolidated/Contractual/Adhoc employees/Contingent paid workers to submit Application-Cum-Nomination Form under Group Personal Accidental Insurance policy (copy enclosed) also available at the University website www.kashmiruniversity.ac.in, duly completed in all respects, in the Accounts- Wing-III by or before 05-01-2022 for record and refrence purpose.

Assistant Registrar

(Accounts)

## APPLICATION CUM NOMINATION FORM UNDER GROUP PERSONAL ACCIDENTAL INSURANCE POLICY

1.	Name of the Emp			
2. 3.	Parentage :	dential Address:		
4. 5.	Designation and Date of Birth:	Department:/	. 6.Mobile	
Details of Nomince(s)				
S.No	Name of the Nominee(s)	Relationship With Insurant (Employee)	Address of the Nominee(s)	Share of insured amount to be paid to each nominee
Name and Signature of the employee				
Signatures of witnesses with name /Mobile Number and full address:-				
2		•••••		··
It is		particulars given abou		FICE OF THE APPLICANT(EMPLOYEE)  ISURANT ARE CORRECT AND DEST OF
			Signature	***************************************
	Name of the DDO/HOD  Designation			
			Department	
Ple	ase Note that:1.	This form shall be kept in th	e safe custody of the DDC	for record and reference purpose. In

the event of the accidental death of the insurant (employee) the sanctioned insured amount shall be paid to the nomines(s) as per the above details by the DDO concerned after its sanction /release from concerned insurance Company/Nodal Officer.

2. Filling of Nomination Form after the death of any employee is strictly prohibited and against the ethics and

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[Nodal Officer Finance Department]