



भारतीय सूचना प्रौद्योगिकी संस्थान इलाहाबाद
Indian Institute of Information Technology Allahabad
An Institute of National Importance by Act of Parliament
Deoghat Jhalwa, Prayagraj-211015 (U.P.) INDIA

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FORM FOR NOMINATION OF LEAVE ENCASHMENT

I hereby nominate the person(s) mentioned below, who is/are members of my family to receive the amount on account of Leave Encashment that may stand to my credit in the event of my death where the amount has become payable has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown against their names.

Name and Address of the Nominee	Relationship with the subscriber and age	Share to be paid to each	Contingencies on the happening of which nomination shall become invalid	Name, Address & Relationship of the person(s) if any to whom the right of the nominee shall pass in the event of his predeceasing subscriber

Dated this day of at

Name & Signature of Two Witnesses:-

- 1.
- 2.

Signature of Employee

Name :-

Designation :-

Signature with Stamp of the Verifying Officer