

Employee Code No. _____

NOMINATION FORM

SCHEME FOR PAYMENT OF EX-GRATIA TO FAMILIES OF EMPLOYEES WHO DIE IN HARNESS

To
The General Manager,
ANDHRA BANK,
Personnel Department (I.R.),
Staff Welfare Section,
Head Office, Hyderabad.

Dear Sir,

I, _____ S/o, W/o, D/o _____
aged _____ years, am working as _____ at _____ Branch /
Office with Staff Code No. _____. I have gone through the provisions of "Scheme for
payment of Ex-gratia to families of Staff Members who die in harness", and hereby
nominate Mr./Ms. _____ whose particulars are mentioned below to receive
the amount of Ex-gratia under the said Scheme in the event of my death in harness.

Name of Nominee in full with address	Relationship with the Staff Member	Age of the Nominee

Place :

Date :

Signature / Thumb Impression of the Employee

WITNESSES:

S. No.	Name	Staff Code & Designation	Signature
1.			
2.			

Certified that Nomination Signed / Thumb impressed before me.

Place:

Date :

SIGNATUE OF THE MANAGER

From

To The Manager / Chief Manager / Zonal Manager / Officer-in-charge

Andhra Bank,

Sir,

Reg: "Scheme for payment of Ex-gratia to families of employees who die in harness".
Demise of Mr./Ms. _____.

With deep sorrow, I inform that Mr. / Mrs. _____ (Staff Code
No. _____ expired on _____ due to _____.

I request you to please allow an advance of Rs. _____ against the Ex-gratia payable to Nominee / Legal heir under the above mentioned Scheme.

I am aware that the above mentioned amount will be adjusted at the time of payment of Ex-gratia on completion of necessary formalities by me/nominee/Legal heirs. I/We futher note to submit the Application for sanction of Ex-gratia in the prescribed format at the earliest.

Place:

Date :

Signature of the Nominee / Legal heirs
of the deceased employee.