

LOK SABHA SECRETARIAT
NOMINATION FORM
(To be filled in duplicate)
(16th Lok Sabha)

I, , Member of Lok Sabha hereby nominate the person(s) mentioned below who is/are member(s) of my family and confer on him/them the right to receive Salary/Additional Facilities Allowance/Travelling/Daily Allowance/Medical Reimbursement Claims and any other allowances and claims whatsoever which becomes due to me from the Lok Sabha Secretariat and remain unpaid to me in event of my death.

Original Nominee			Alternative Nominee		
Name and address of nominee	Relationship with member	Age	Name and address of nominee	Relationship with member	Age

Dated this day of 20
at

Witness to Signature

1.
Name
Address
.....

(Signature of Member)

2.
Name
Address
.....

Name
IC No.

Note: The member is advised that it would be in the interest of his nominee if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.