

**APPLICATION FOR POST RETIREMENT
DEATH INSURANCE EXTENSION SCHEME-1982**

1. Name Rank P.No.
2. Last Ship/Estab.....
3. Reason of retirement
4. Date of (a) Birth (b) Commission/Enrolment
- (c) Retirement/discharge
5. (a) Age on retirement..... Medical Category
- (b) Percentage of disability awarded if any
- (c) Whether you were/are a member of Additional Naval Group Insurance Schemes for Aviators/Submariners/IMSF and if so, period of membership as aviator/submariner/IMSF from to
- (d) Service rendered in lower deck from to
6. Permanent home address (in capital letters)

Contact No. PIN.....

7. Name, relationship & full address of the nominee(s) for extended insurance scheme (in capital letters) :-

Name/Address of nominee(s)	Relationship with individual	Age of the nominee(s) on the date of nomination	Amount payable to each in percent agte	Name, address and relationship of persons if any, to whom the right conferred in the event of the nominee predeceasing the individual or the nominee dying after the death of the individual but before receiving payment	Amount payable in percent age

Date : Signature of member

II

Certified that the service particulars furnished by the above named officer are correct.

Place :

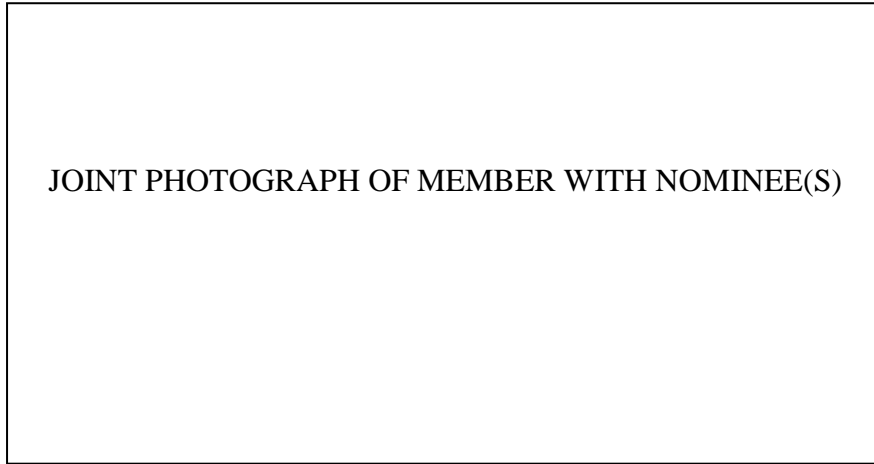
Date :

CO/ Head of Department

**ANNEXURE TO APPLICATION FOR POST RETIREMENT
DEATH INSURANCE EXTENSION SCHEME-1982**

JOINT PHOTOGRAPH OF MEMBER WITH NOMINEE(S) AND
SPECIMEN SIGNATURE OF NOMINEE(S) OF

P.No..... Rank Name



Three specimen signatures of nominee(s)

<u>Name</u>	<u>Specimen Signatures</u>
(a)	(1) (2) (3)
(b)	(1) (2) (3)
(c)	(1) (2) (3)
(d)	(1) (2) (3)
(e)	(1) (2) (3)

Place :

Date : Signature of member

FOR USE OF GIS SECTION

Amount recovered for extended insurance ₹

Date of recovery made

Certificate No. Allotted

Period of insurance from to