

FORM - E
NOMINATION FORM
(To be filled in duplicate)

I, _____, Member of Rajya 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 allowance and claims whatsoever which become due to me from the Rajya Sabha Secretariat and remain unpaid in the event of my death.

Original Nominee			Alternate Nominee		
Name & address of nominee	Relationship with Member	Age	Name & address of nominee	Relationship with Member	Age

Dated this _____ day of _____, 20____ at _____

Witness to signature

1. _____

Name _____

Address _____

2 _____

Name _____

Address _____

Signature of Member

Name _____

NOTE : The Member is advised that it would be in the interest of his/her nominee if copies of the nomination 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/her death.