



ऑयल एण्ड नैचुरल गैस कॉर्पोरेशन लिमिटेड
Oil and Natural Gas Corporation Limited

Department of Employee Relations

Corporate Policy Section

"ग्रीन हिल्स", ग्राउण्ड फ्लोर ए-विंग, तेल भवन, देहरादून

'Green Hills', Ground Floor, A-Wing, Tel Bhavan, DEHRADUN

No. 17(12)/15-GLES/CP

Date: December 10, 2015

OFFICE ORDER (61/2015)

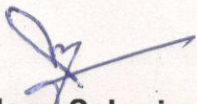
SUB:- Nomination for Group Life Insurance Cover as part of Group Leave Encashment Scheme of LIC.

Reference is invited to Office Order (01/2014) of even number dated 1st January, 2014 vide which ONGC has joined Group Leave Encashment Scheme of LIC for funding of leave encashment liability, under which a Group Life Insurance Cover of Rupees Ten Lakh per employee has been extended to all regular employees.

2. With a view to expedite the claims under the aforesaid Group Life Insurance Scheme, it has been decided that all regular employees shall nominate their nominee (s) to receive benefit under the aforesaid insurance scheme. The employee may nominate either one or more of the following member (s) of his family (preferably one major nominee only) providing all relevant details like name, relationship, date of birth, percentage of share, etc.:-

- (i) His/her Spouse
- (ii) His/her Children (including step children and legally adopted children)
- (iii) His/her Parents

3. A format for nomination under the aforesaid scheme is enclosed.


(Pradeep Sahariya)
ED-Chief, ER

OIL AND NATURAL GAS CORPORATION LTD



NOMINATION FOR GROUP LIFE INSURANCE COVER AS A PART OF GROUP LEAVE ENCASHMENT SCHEME OF LIC

CPF No: Name:

Designation: Section/Site:

Org. Unit: Location:

Sex: Male Female

Marital Status: Married Unmarried

Religion:

Date of Birth: - -

Date of joining ONGC: - -

Father's/ Husband's Name:

Permanent Address:

I hereby voluntarily nominate the person(s) mentioned below to receive the amount of Group Life Insurance Cover given to me as a part of Group Leave Encashment Scheme of LIC, in the event of my death and direct that the said amount shall be paid to the said person (s).

Full Name & Permanent address of the nominee(s) (in block letters)	Date of birth	Relationship	Percentage of share
1	2	3	

I hereby declare that in the event of my death during the minority of the nominee(s) mentioned above, the person whose particulars are given below shall be the appointee to receive policy money.

Name and address of the appointee	Relationship with the employee	Age of the appointee (should be a major)

Date

Signature or left/right thumb impression of the employee

Certified that the above nomination has been signed/thumb impression for the nomination has been given by Mr./Mrs./Ms. _____ employed in my office as (Designation) _____ before me after he/she read the entries/ have been read over to him/her by me.

Date:

Signature of Controlling Officer with Seal

WITNESS:

1. Signature

Name: _____

Address: _____

2. Signature

Name: _____

Address _____

(FOR USE BY ESTABLISHMENT)

The particulars of the above mentioned nomination have been verified and recorded in the Service Book of the employee. Original kept in the personal file. Copy of nomination form attested by undersigned have been sent to the addressees given below.

Date

Signature of Establishment Officer with Seal

Ad