	FORM No. 7 C	
	UNIVERSITY OF KERALA	
omination	for the benefits under the CARE Scheme, 2023	

					Employee ID:
,				, here	eby nominate the person/(s) mentioned below,
(1	Here enter name and desi	ignation)			
and confer on him/her	them the right to receiv	e to the e	xtent specified	below, any amount the	at may be sanctioned by the University under
he CARE Scheme in t	he event of my death wh	nile in ser	vice, or which,	having become payab	ole on my attaining the age of superannuation,
nay remain unpaid at r	ny death				
Name & address of	Relationship with	Age	Share to be	Contingencies on	Name, address and relationship of the

Name & address of Nominee/Nominees		Relationship with University employee	Age	Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his/her predeceasing the University employee	
1		2	3	4	5	6	

Dated this	day of	 20	
Signature, name and address of two witness:			

1.

2.

Signature of the University employee

Note: If the proposer is married when he/ she is nominating, he/ she should nominate only family members such as wife, husband and children. If he/she is unmarried at that time he/she can nominate any member of the family as family defined in the KSR Part III Rule 71. Such nomination will be void when he/she attains a family and he/she should file a new nomination.