

Kendriya Vidyalaya Sangathan

CHECK LIST FOR GRANT OF CHILD CARE ALLOWANCE AND TRANSPORT ALLOWANCE AT
DOUBLE THE NORMAL RATES AS APPLICABLE TO PHYSICALLY DISABLED EMPLOYEES

1	Name of employee	
2	Designation & date of joining KVS	
3	Date of birth	
4	Authority issued the Medical certificate for Physically disabled employee (Photocopy must be attested)	
5	Nature of physical disability	
6	Percentage % of disability	
7	Whether disability permanent/ temporary	
8	Date of issue of Medical certificate	
9	No. of children as per record (if applicable)	
10	Name & Date of birth of children (if applicable)	1. 2. 3.

(Signature of employee)

(Signature of Principal)
With seal

Annexure-A

Form 1

Nomination for Retirement Gratuity/Death Gratuity

When the government servant has a family and wishes to nominate one member, or more than one member, thereof

Ihereby nominate the person/ persons mentioned below who is / are member(s) of my family, and confer on him / them the right to receive, to the extent specified below, any gratuity the payment of which may be authorised by the KVS in the event of my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original Nominee(s)				Alternate Nominees(s)
Names and Addresses of nominee/nominees	Relationship with the KVS employee	Age	Amount of Share of gratuity payable to each	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing.

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled

Note: The KVS employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

*Strike out which is not applicable

Dated this _____ day of _____ 20____ at _____

Witness to Signature Signature of KVS employees

1. _____
2. _____

Signature of KVS employees

(To be filled in by head of office)

Nomination by _____

Signature of the Head of Office

Designation _____

EMPLOYEES CONTRIBUTORY/GENERAL PROVIDENT FUND

I hereby direct that the amount at my credit in the Provident Fund Account No.-----
 ----- at the time of my death shall be distributed among the members of my family
 mentioned below in the manner shown against their names:-

Name & Address of the nominee or nominees	Relationship with the subscriber	Age of the nominee	Amount of share of the accumulation.

Station -----

Date -----

Two witnesses to the

Signature of the subscriber

Signature of the subscriber

1. -----
2. -----