

Group Personal Accident Nomination Form

1. Employee Details

Employee Name	RAVISHANKAR YADAV
Employee ID	6987
Date of Birth	02/09/1992
Designation	LEAD ENGINEER
Location	GURGAON
Contact Number	7906073697

I, **EMPLOYEE NAME** hereby nominate the below member as nominee for my Group personal accidental policy.

2. Nominee Details

Field	Nominee 1	Nominee 2 (if applicable)	Nominee 3 (if applicable)	Nominee 4 (if applicable)
Full Name	NIRMLA			
Relationship to Employee	SPOUSE			
Date of Birth	02/01/1987			
Address	VILL- KATHAUTI YA PANDEY, POST CHITAHJI, DIST SIDDHARTH NAGAR U.P. 272193			
Contact Number	8177065821			
Aadhar Number	220917304396			
Share % (Must Total 100% for All Nominees Combined)	100%			

3. Details of Guardian – Required only when the nominee listed above is minor (below 18 years of age).

Field	Guardian 1 (one guardian per minor nominee)	Guardian 2 (one guardian per minor nominee)
Full Name of Guardian		
Nominee Name(if minor)		
Relationship to the Minor Nominee		
Date of Birth of Guardian		
Complete Address of Guardian (with PIN code)		
Contact Number (Mobile & Alternate)		
Aadhaar Number / Government ID Proof No.		

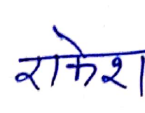
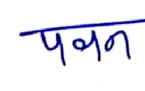
Ravishankar

4. Contingent Nominee

(To be paid in case the primary nominee predeceases the employee)

Full Name	SANJAY YADAV
Relationship to Employee	SON
Date of Birth	14/12/2017
Address	VILL - KATHAUTIYA PANDEY, POST-CHITAH, TAHSHEEL-DOMARIYAGANS, DIST- SIDDHARTH NAGAR. U.P. 272193
Contact Number	81 77065 821

5. Witness Details (Two are mandatory)

Witness Name	Address	Signature
RARESH SAMU	VILL - KATHAUTIYA PANDEY POST-CHITAH, TAHSHEEL-DOMARIYAGANS, DIST- SIDDHARTH NAGAR. U.P. 272193	
PAWAN GUPTA	VILL - KATHAUTIYA PANDEY POST-CHITAH, TAHSHEEL-DOMARIYAGANS, DIST- SIDDHARTH NAGAR. U.P. 272193	

6. Declaration by Employee

I, RAVISHANKAR YADAV hereby declare that the above details are true and correct to the best of my knowledge and belief.

I understand that the role of the Nominee is to receive the funds payable under the Group Personal Accident Policy (GPA) in the event of my death, and that the Nominee will receive such amount on behalf of the lawful legal heirs as per the applicable laws of succession, unless otherwise stipulated by a valid Will.

Employee Signature: Ravishankar

Date: 31/12/2025