

To,  
Registrar,  
Gujarat Veterinary Council,  
Gandhingar.

**Sub :- Submission of Nomination Form for Accidental group insurance.**

Name :-

GVC No :-

Address :-

Phone : -

Blood Group

e mail address :-

**NOMINATION FORM**

(A) I hereby declare following member/s of my family as the NOMINEE / NOMINEES as shown in **Table - 1** below :

**Table - 1**

Sr. No. on Priority Basis	Name Of Nominee	Date Of Birth of the Nominee	Relation Of The Member with the Nominee	% of the amount to be given to the Nominee	Signature Or Left Thumb impression of The Nominee	Signature of Guardian or Parent, if the Nominee is below 18 years on the date of signing this Nomination Form
1	2	3	4	5	6	7

**N.B.:** It is likely that the member may not wish to give all the benefit amount to only one of his / her nominees. The member may wish to distribute the benefit amount among more than one nominees. In this case, please mention the % of the benefit amount to be given to each nominee in Column No.5 above.

(B) It is also likely that the member may wish to give some part of benefit amount or the entire benefit amount to any kind of institute ( like Charity Trust, Temple, Orphanage etc.). In such cases, if you wish so, please give your details in **Table - 2** below :

**Table - 2**

Sr. No. on Priority Basis	Name Of Institute	Detail Address ( Place, Taluka , District , Pin Code No., Phone No., Fax No., Mobile No. ...etc )	% of the amount to be given to the Institute
1	2	3	4

Kindly note that the nominations can be changed at any time. The latest nomination shall be considered as final and all previous nomination/s shall be considered as cancelled automatically.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

*Signature of Member*