



SMU SIKKIM
MANIPAL
UNIVERSITY

Established under Govt. of Sikkim, Act of 1995, recognised under 2(f) of the UGC Act, 1956

SMU/HR/Statutory/10/GTLI/155

Date : 06 Sep 2022


To

Director, SMIT
Dean, SMIMS.
Medical Supdt, CRH
Controller of Exams, SMU
Director, DoR, SMU
Principal, SMCON
Principal, SMCPT.
Coordinator MHA
Convenor, H&SS
Prof & Head, Dept of Medical Biotech


Coordinator, Paramedical
HR Department, SMIT
Dy Registrar, SMUDDE
HR Department, SMIMS
HR Department, CRH
Dy Registrar, SMUDDE

**UPDATION OF THE NOMINATION/NEXT OF KIN PORTION OF THE
SERVICE RECORD OF EMPLOYEES**

1. The definition of 'Nominee' is "a person who is authorised to receive the benefits in the case of death of an employee/insured person". Therefore, it is essential that an employee should invariably update his/her legal heir/nominee in their service records. Nominee is normally the spouse, children or parents. An employee can nominate one or more persons as his/her nominee.
2. The death of a loved one is the most dreaded thing that can happen to any family. It can get even more traumatic when the family realises that the deceased has not updated his/her legal heir/nominee in his service record and the family is left running from pillar to post in such situation.
3. Instances of such cases have come to the notice of the HR Department in the settlement of recent death case of an employee. Therefore, all employees are hereby requested to kindly update their legal heir/nominee in their service records accordingly.
4. A copy of beneficiary Nomination Form is enclosed. All HoIs, HoUs, HoOs & HoDs are requested disseminate and the employees be suitably advised to compulsorily fill up and submit the nomination form to their respective HR Departments, for updation in their service records.


(K.B. Subramanian)
Head HR-SMU




(Prof (Dr) K.S. Sherpa)
Registrar

Beneficiary Nomination Form

Employer: Sikkim Manipal University

Member Employee Details & Nomination form – To be completed by a member employee.

| | | | | | | | | | | | |
|--|--------------|---------------------------------|--------------|----------------------------------|--------------|--|---|---|---|---|--|
| 1. Full Name of Employee | | | | | | | | | | | |
| 2. Date of Birth | | D | D | M | M | Y | Y | Y | Y | 3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 4. Marital Status (Use <input checked="" type="checkbox"/>) | | <input type="checkbox"/> Single | | <input type="checkbox"/> Married | | <input type="checkbox"/> Others _____ | | | | | |
| 5. Employee ID Code | | | | | | | | | | | |
| 6. Residential Address (Number, Street, City, State, Pin Code) | | | | | | | | | | | |
| 7. Amount of coverage requested: | | As per Group Policy | | | | | | | | | |
| 8. Nominations | | | | | | | | | | | |
| In the event of my death, I wish my benefits under the above mentioned Group Policy be apportioned between my nominated beneficiary (ies) as follows. The following nomination invalidates all such nominations made prior to the date of this nomination. | | | | | | | | | | | |
| S.No. | Nominee Name | Date of Birth | Relationship | % | of Benefit | Appointee Details in case the Nominee is a Minor | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Percentage of Benefits | | | | | 100 % | | | | | | |
| Signature of Member / Employee: | | | | | | Date: | | | | | |
| | | | | | | Place: | | | | | |
| Employer Attestation – to be completed by an authorised personnel of the Policy Holder | | | | | | | | | | | |
| Authorised Signatory: | | | | | | Designation : | | | | | |
| | | | | | | Date : | | | | | |
| | | | | | | Place : | | | | | |