

Application for membership of SJVN Employees Death Relief Scheme

Name of the Employee. :
(In block letters)

Employee No. :

Designation :

Place of Posting :

Date of Joining

Date of Birth :

Present Address :

Permanent Address :

Details of Nominee :

Sl. No.	Name of the Family Members	Age	Percentage of benefit.	Relationship with the employee.
1.				
2.				
3.				
4.				
5.				

(Where more than one person is nominated, indicate the percentage of distribution of benefits between the nominees.)

I may be admitted as a member of SJVNL Death Relief Scheme w.e.f.....

I further authorize M/s SJVN to deduct one day salary (Basic +DA) in the event of death of a member.

Signature of Employee

Date:

Place:

**Sr. Manager (P&A),
SJVN Ltd.
Himfed Building,
New Shimal-171009 (HP)**