FORM B

Department of posts [See rule 10A]

Serial No. Form of application for nomination under section 6 of the Government Savings Certificates Act, 1959 [This form will be filled in by the holder(s) and submitted with the certificates to the Postmaster of the office wh the certificates stand registered.]				;
To The Postm	-			
certificates de entitled to the	tailed below, hereby nominate certificate(s) and to be	e the persons mentioned below	ct,1959, I/we the holder(s) of y, who shall on my/our death, become the exclusion of all other persons. Dect of these certificates.	
SI. No.	Name of the nominee(s)	Full Address	Date of birth of nominee in case of minor	
(name and full minority of the	I address) as the person to re-		We appoint Shri/Smt./Kumari ne event of my/our death during the	
SI. Nos. of certificates	Denomination	Date of issue	Office of issue	
Address:			Yours faithfully,	
			Signature (or thumb impression, if illiterate) of holder(s)	
name should Witnesses	- ·			
Name(1) Address Name(2) Address	: : : :			
N.B. - I post office.		, the witnesses shall be persor e Postmaster accepting the no	ns whose signatures are known to the mination.	
Date stamp of, Post Office			Signature of Head/Sub Postmast	ter