## FORM 2

## [See rule 14(1)] DEPARTMENT OF POSTS

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 where the certificates stand registered)
To

To		the certificates stand registered)	
The Postn	naster,		
	,		
savings cert become enti	ificates detailed below, here tled to the savings certificate	Sovernment Savings Certificates Act, 19 by nominate the persons mentioned be e(s) and to be paid the sum due thereonave not so far made any nomination in	low, who shall, on my/our death, n to the exclusion of all other
SI. No.	Name of nominee(s)	Full Address	Date of birth of nominee in case of minor
(Name and f minority of th		above is/are minor(s), I/we are receive the sum due thereon in the exclosed	
SI. Nos. o	f Denomination	Date of issue	Office of issue
certificates	S		
		<u> </u>	
Address:	Address: Yours faithfully,		,
			Signature (or thumb impression, if illiterate) of holder(s)
(In case Witnesse Name Address		ame should be given) :	
Name Address	(2)		
Note: In office.	the case of illiterate holders,	the witnesses shall be persons whose	signatures are known to the post
	Order of	the Postmaster accepting the nomin	ation.
Date stami	p of post office.		
Salo starry	- c. post omos.	Sig	nature of Head/ Sub-Postmaster