

**NATIONAL HIGHWAYS AUTHORITY OF INDIA**

To,

Shri Krishan Dalal, AM (Admn) &  
Member-Secretary  
Committee (Death Benevolent Scheme)  
NHAI

**Sub: Application for Membership of DEATH BENEVOLENT SCHEME of NHAI.**

I declare that all particulars furnished by me hereunder are correct and true and further request that I may be admitted as a member of NHAI Death Benevolent Scheme w.e.f. 01.01.2015. I also authorize NHAI to deduct from my salary an amount of Rs.50/- per month on this account.

1. Name of employee :  
(Capital letters)
2. Designation :
3. Nature of appointment : Regular/Deputation/Long Term Contract
4. Place of posting/Division at Hqs :
- 4(a) Office Address (for field offices only)  
e-mail, Fax Nos
5. Date of joining in NHAI :
6. Present Address :
7. Permanent address (in case of :  
Change in permanent address,  
The member will have to keep the  
HR Department informed of such  
Changes at the earliest)
8. Details of family members  
'Family will mean spouse, children etc.'

Sl.No	Name of the Family members	Age	Marital status	Relationship with the employee

9. My nomination to whom the benefit under this scheme will accrue is given below (where more than one person is nominated, indicate the percentage of distribution of benefits between the nominees):

Sl.No	Name of the nominee	Age	Relationship	Percentage of benefits

Date:  
Place:

(Applicant's Signature)

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(For use in HR Department)

Certified that information given by the applicant, Shri/Smt/Kum \_\_\_\_\_ at Sl.No. 1 to 9 has been verified from the official record and found to be correct.

(Dealing Officer in HR Division)