

TO
THE REGISTRAR
RAJSHAHI UNIVERSITY
RAJSHAHI

ID Number :

Dear Sir,

I do hereby declare that I have agreed to abide by the Provisions laid down in the Group Term Insurance Scheme the Statute relating to the Rajshahi University. I am enclosing herewith a nomination form showing the names of the persons to whom I wish the payment of proceeds of the Group Term Insurance Scheme to be paid in the event of my death.

Yours faithfully

Date

(Signature and designation
of the Assured)

**RAJSHAHI UNIVERSITY GROUP TERM INSURANCE
NOMINATION FORM**

Sl. No.	Name and address of the nominee or nominees	Age of the nominee or nominees	Relationship with the Assured	Share of each nominee

Date

Signature of the Assured
Designation