

**FORM No. 16**

[ Rule 107 (2) ]

I hereby require that in the event of my death before resuming work, the balance of my pay, due for the period of leave, shall be paid to \_\_\_\_\_ who is my \_\_\_\_\_

*Witnesses:*

1 \_\_\_\_\_

*Signature of worker*

2 \_\_\_\_\_

*Date* \_\_\_\_\_

*Present Address* \_\_\_\_\_

*Permancnt home Address* \_\_\_\_\_

00.05 Paise each Copy.

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