

(FORM – A)

(See Rule 5)

PENSION DISBURSING AUTHORITY /HEAD OF OFFICE

(NAME OF BANK/TREASURY/POST OFFICE/ACCOUNTS OFFICER ETC.)

PLACE.....

I,.....

(Name of the pensioner in capital letters) hereby nominate the person named below under rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1983.

Name and address of the nominee	Relationship with the pensioner	If nominee is minor	
		Date of birth	Name and address of person who may receive the said pension during the nominee's minority
1.	2.	3.	4.

Name and address of other nominee in case the nominee under column (1) above pre-decease the pensioner	Relationship with pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
5.	6.	7.	8.	9.

Place.....

Dated.....

Signature

(or thumb impression if illiterate) and name of Pensioner

Address:-

Witness: Signature

Name & Address

Signature of Pension Disbursing Authority/Head of Office

(Acknowledgement to be sent by the Pension – Disbursing Authority/Head of Office)

Certified that application/nomination has been received from _____ (name of Pensioner) whose address is *given above*.

Place:

Date:

Signature of Pension Disbursing Authority
Bank/Treasury/P.O/ Accounts Officer