

Form for Nomination for claiming arrear:

To be filled by the pensioner during his life time

(FORM-A)(See rule 5)

Pension Disbursing Authority/Head of Office

(Name of Bank/Treasury/Post Office/Accounts officer etc.)

(Place) -----

I, ----- hereby nominate the person

(Name of the pensioner in capital letters)

Named below under rule 5 of the payment of Arrears of Pension (Nomination) Rules, 1993. (If nominee is minor)

Name and Address of the nominee	Relationship with Pensioner	Date of Birth	Name and Address of person who may receive the said pension during nominee's minority
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1

2

3

4

Name and Address of other Nominee in Case the nominee become	Relationship with Pensioner	Date of Birth if the other nominee is minor during the other nominee's minority	Name and address of person who may receive the pension during the other nominee's minority	Contingency on happen- ing of which nomination shall invalid.
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Under column (1) above
Pre-deceases the
Pensioner.

5

6

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Place -----

Signature (or thumb)

Date -----

impression if illiterate

Witness: Signature

and Name of Pensioner

Name & Address

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.

Place -----

Signature of Pension Disbursing Authority

Date -----

Bank/Treasury/PostOffice/Accounts Officer

/ Head of Office.

Full address:

(FORM-B){See rule 5(5)}

To

The Pension Disbursing Authority

(Name of Bank/Treasury/Post Office/Accounts officer etc.)

(Place) -----

I, ----- hereby make the following

(Name of the pensioner in capital letters)

Alternative nomination in cancellation of the previous nomination made on ----- under rule 5 of the payment of Arrears of Pension (Nomination) Rules, 1983.

If nominee is minor

Name and Address of the nominee	Relationship with Pensioner	Date of Birth	Name and Address of person who may receive the said pension during nominee's minority
1	2	3	4

Name and Address of other Pensioner	Relationship with Pensioner	Date of Birth if the other	Name and address of person who may receive the pension	Contingency on happening of which
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Nominee in nominee during the other nomination
 Case the nominee is minor nominee's minority shall become
 Under column (1) above invalid.
 Pre-deceases the Pensioner.

5 6 7 8 9

 Place ----- Signature (or thumb)
 Date ----- impression if illiterate
 Witness: Signature and Name of Pensioner
 Name & Address Address

Signature of Pension Disbursing Authority

Date Stamp -----

Certified that application/nomination (Form- B) has been received from -----
 ----(Name of Pensioner) whose address is-----

Form A has been cancelled and returned to him.

Place ----- Signature of Pension Disbursing Authority

Date ----- Bank/Treasury/Post Office with full address: