

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 named below under rule 5 of the Payment of Arrears of Pension (nomination Rule, 1983).

(Name of the Pensioner in capital)

Name and address of the nominee	Relationship with the Pensioner	If nominee is minor		Name and address of other nominee in case the nominee under column (1) predeceases the pensioner	Relationship with pensioner	Date of birth if the other nominee is minor
		Date of birth	Name & address of person who may receive the said pension during the nominee's minority			
1.	2.	3.	4.	5.	6.	7.

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	
8.	9.	

Place :

Date :

Witness :
Name & address

Signature (or thumb impression)
If illiterate and name of
pensioner address

Signature of pension
Disbursing authority/
Head of Office

