

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) Rule 1983.

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 the 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
		Date of birth	Name and address of person who may receive the said pension during the nominee's minority					
1	2	3	4	5	6	7	8	9

Place _____

Signature (or thumb-impression if illiterate) and name of Pensioner.

Date _____

Address:

Witness: Signature:

Name & address:

Signature of Pensioner 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:

Date:

Signature of Pension Disbursing Authority
Bank/Treasury/Post Office/Accounts Officer
Full Address: