**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 | Name and Address of other Nominee in case the nominee under col (1) above pre-deceases the Pensioner |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship with Pensioner | Date of Birth | | Name and Address of person who may receive the pension if the other nominee is minor, during other nominee’s minority | Contingency on happening of which nomination on which shall become invalid |
| 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/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