

**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 (Name of the pensioner in capital letters)

**Pension (Nomination) Rules, 1983.**

Name & address of the nominees	Relationship with the pensioner	If nominee is minor		Name & address of other nominee in case the nominee under Col. I predeceases the pensioner	Relationship with pensioner	Date of birth if the other nominee is minor	Name & address of person who may receive the pension during the other nominee's minority	Contingency on happenings of which nomination shall become invalid
		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)	(8)	(9)

Place :  
Date :

**Witness:**

Signature :  
Name & Address :

Signature (or thumb impression if illiterate)  
and Name of pensioner 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 the pensioner) whose address is  
.....

Place :  
Date :

Signature of Pension/Disbursing Authority/Bank/Treasury  
/Post office /Account Officer/Head of Office.  
Full Address: