

Form No 4
Nomination for Arrears of Pension
[See Rule 5 (1) of the Payment of Arrears of Pension (Nomination) Rules, 1983]

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) Rules, 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 & address of person who may receive the pension during the other nominee's minority.	Contingency on the happening of which nomination shall become invalid
		Age	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: _____
Date : _____

Signature (or thumb-impression if illiterate) _____
Name of the Pensioner _____
Address _____

Witness : Signature : _____
Name & 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 _____ whose address is _____

Place _____
Date _____
Signature of Pension Disbursing Authority _____
Bank/ Treasury / Post Office / Accounts Officer _____
Head of Office _____
Full Address _____

Form No 5
(Revised) Nomination for Arrears of Pension
[See Rule 5 (5) of the Payment of Arrears of Pension (Nomination) Rules, 1983]

Pension Disbursing Authority / Head of Office
 (Name of Bank / Treasury / Post Office / Accounts Officer, etc)
 Place _____

I, _____ hereby make the following alternate nomination in cancellation of the previous nomination made on _____ under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 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 & address of person who may receive the pension during the other nominee's minority.	Contingency on the happening of which nomination shall become invalid
		Age	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: _____
Date : _____
Signature (or thumb-impression if illiterate) _____
Name of the Pensioner _____
Address _____
Witness : Signature : _____
Name & Address _____
Signature of Pension Disbursing Authority _____
Date Stamp : _____

Certified that application / nomination (Form B)has been received from _____ whose address is _____
 Form 'A' has been cancelled and returned to him.

Place _____
Date _____
Signature of Pension Disbursing Authority _____
Bank/ Treasury / Post Office / Accounts Officer _____
Full Address _____