

State / Education

Name of the Bank & Branch

A/c. No.

The Payment of Arrears of Pension (Nomination) Rules, 1986

FORM-A P.P.O. NO.

[See Rule 5 (1)]

Pension Disbursing Authority/Head of Office
of the Bank / Treasury / Accountant-General

Name
Place

I hereby nominate the person named
(Name of the Pensioner in-Capital Letters)
below under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1986.

- 1. Name and Address of the Nominee :
- 2. Relationship with Pensioner :
- 3. Date of Birth :
- 4. If nominee is minor, Name and Address of
person who may receive the said arrear
pension during the nominees's minority :
- 5. Name and Address of other nominee in case :
the nominee under Column (1) predeceases
the Pensioner
- 6. Relationship with Pensioner :
- 7. Date of Birth if the other nominee is minor :
- 8. Name and Address of person who may :
receive the pension during the other
nominee's minority
- 9. Contingency on happening of which :
nomination shall become invalid
- 10. Name of the Paying Bank & Branch :
- 11. Bank A/c. No. :

*Signature (or thumb impression if illiterate)
and name of Pensioner and Address*

Place:
Date:

Witness- Signature :
Name :
Address:

*Signature of the 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

Sri / Smt.
(Name of Pensioner)

Whose address is

Place:
Date:

Signature of the Pension Disbursing Authority /
Head of Office

Full Address: