

(বকেয়া পেনশন প্রদানের জন্য নমিনেশন ফরম)
The Payment of Arrears of Pension (Nomination) Rules, 1986
 FORM-A
 [See Rule 5(1)]

Pension Disbursing Authority/Head of Office
 Name of Bank/Treasury/Accountant-General, West Bengal
 (Place)

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

Name and Address of the nominee.	Relation-ship with pensioner.	Date of birth.	If nominee is minor name and address of persons who may receive the said pension during the nominee's minority.	Name & Address of other nominee in case the nominee under Column (i) Predeceases the pensioner.	Relation-ship with pensioner.	Date of birth if the other nominee in minor.	Name & Address of person who may receive the pension during the other nominee's minority.	Contingency on happening of which nomination shall become invalid.
1	2	3	4	5	6	7	8	9

Place :
 Witness : Signature, Name & Address :

Date :
 Signature (or thumb impression if illiterate) and name of pensioner and address.

Signature of the Pension Disbursing Authority/Head of Office.
 Acknowledgement to be sent by the Pension Disbursing Authority/H. O.
 Certified that application/nomination has been received from Sri/Smt.(Name of Pensioner) whose address is

Date :
 Place :
 Signature of the Pension Disbursing Authority/H.O.
 Full Address