

Form A

[Prescribed in G.O.Ms.No.562, Finance (Pension) Department, dated 15th June 1987]

To

The Pension Disbursing Authority / Head of Office /
(Name of Bank, Treasury-Post Office – Accounts Officer etc.)

_____ Nominate the person
(Name of the Pensioner in capital letters)

Place:

PPO. No.

Name and Address of Nominee	Relationship with Pensioner	Date of Birth	If Nominee is minor, Name and address of the Person who may receive the said Pension during the nominee's minority	Name and address of the other nominee in case the nominee under section (1) predeceases the Pensioner	Relationship with Pensioner	Date of birth if other nominee is minor	Name and address of person who may receive the Pension during the other nominee's minority	Contingency of the happening of which nomination shall be invalid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Place:

Date:

Witness Signature:

Signature of Pension Disbursing Authority / Head of Office
(Acknowledgement to be sent by the Pension Disbursing Authority Head Office) Certified the application has been received from _____

Name and Address:

(Name of Pensioner)

Signature of Pension Disbursing Authority
Bank. Treasury –P.A.O. Accounts Office

Head Office:

Full Address:

Signature (or thump impression if illiterate) and name of the Pensioner.

Address: