

***FORM No. 16**

NOMINATION FOR PAYMENT OF ARREARS OF PENSION

(See rule 138 Part III)

Pension Disbursing Authority/Head of Office

(Name of Bank/treasury/Post Office/Authority who is competent to certify RRA/Pension Sanctioning Authority)Place.....I hereby make the following nomination for payment of arrears of pension.

Place :

Date:

Signature and name of pensioner/family pensioner

Address :

Witness : Signature (1)

Name and Address (2)

Pension Payment Order No.

(Acknowledgement to be sent by the Pension Disbursing Authority/Head of Office in the duplicate copy)

Certified that application/Nomination has been received from(name of pensioner) whose address is

Particulars of the pensioner/family pensioner have been verified with reference to the available records in this office and receipt of the nomination is acknowledged.

Signature of Pension Disbursing Authority/Bank/ Treasury/Post office/Pension Sanctioning Authority/Head of Office

Full Address

Place :

Date :