**FORM No. 15**

(See rule 138 )

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 (Nmae of the Pensioner/Family in capital letters) alternative nomination in cancellation of the previous nomination made on ..... for payment of arrear of pension.

| Name and address of the nominee | Relationship with the pensioner/ family pensioner | Date of birth of the nominee | If the nominee in the column (1) is minor, name and address of person who may receive the said pension during the nominee's minority | Share payable | Name and address of other nominee in case the nominee under column (1) above predeceases the pensioner | Relationship with the pensioner/ family pensioner | Date of birth of the other nominee | Share payable against the share of original nominee | If the nominee in the column (6) is minor, name and address of person who may receive the said pension during the nominee's minority | Contingency on happening of which nomination shall become invalid |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | | | | | |

Place :

Date :

Siganature (or thumb impression if illiterate)
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 aplication/Nomination (alternative nomination in form 16) 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 :