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 (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 :