

**FORM A**  
**[See Rule 5]**

To  
Administrative Officer (pension)  
MEA, New Delhi

I, \_\_\_\_\_ (*name of the pensioner in capital letters*) hereby  
nominate the person named below under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules,  
1983.

Name & Address of the nominee	Relationship with the pensioner	If nominee is minor	
		Date of birth	Name & Address of person who may receive the said pension during the nominee's minority
1	2	3	4

Name & Address of the other nominee in case the nominee under column (1) predeceases the pensioner	Relationship with the pensioner	Date of birth if the other nominee is minor	Name & Address of person who may receive the said pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
5	6	7	8	9

Place :

Signature (or thumb impression  
If illiterate)&Name of pensioner:

Date :

Witness :  
Signature,  
Name &  
Address

Address:

**Signature of pension Disbursing Authority/Head of Office**

Acknowledgement to be sent by the Pension Disbursing Authority/Head of Office

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

Place :  
Date :

Signature of Pension Disbursing  
Authority/Head of Officer/Name  
of Bank/Treasury/Post Office/Accounts  
Officer etc.  
Full Address: