

FORM OF NOMINATION FOR LIFE TIME ARREARS OF PENSION

NAME OF THE PENSIONER/Family Pensioner : _____

P. P. O NO. _____

I hereby nominate the person/persons mentioned below who is/are member(s) of my family and confer on him/them the right to receive, to the extent specified below any arrear of pension that remains unpaid in the event of my death.

<u>Name & address of</u>	<u>Relationship with</u>	<u>Age</u>	<u>Amount of share of</u>
<u>The nominee (s)</u>	<u>the pensioner</u>		<u>Payable to each</u>

Dated this day of _____ 20____ at _____

Witness to signature with _____

Address _____

1. _____ Full signature of pensioner

Presented on _____

At _____

2. _____

Signature of Pension Disbursing officer

Designation and Date

Note: The pensioner shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

To _____

Comptroller of Finance, Berhampur University

