

The payment of Arrears of Pension (Nomination) Rules, 1986.

F O R M – A
(See Rule 5(1))

Pension Disbursing Authority / Head of Office
(Name of Bank / Treasury/ Accountant General, West Bengal)

(Place)

I, hereby

(name of the Pensioner in Capital Letters)

nominate the person named below under Rule 5 of the payment of Arrears of Pension (Nomination) Rules, 1986.

1. Name & Address of the Nominee :
2. Relationship with pensioner :
3. Date of Birth :
4. If nominee is minor, name and address of person who may receive the said pension during the nominee's minority. :
5. Name and Address of other nominee in case the nominee under column(1) predeceases the pensioner. :
6. Relationship with pensioner :
7. Date of birth if the other nominee is minor. :
8. Name and address of person who may receive the pension during the other nominee's minority. :
9. Contingency on happening of which of which nomination shall become invalid. :

Place:-

Date:-

Signature (or thumb impression if illiterate) and name of pensioner and address

Witness:- Signature:

Name & Address:

.....

Signature of the Pension Disbursing Authority / Head of Office

DECLARATION OF FAMILY*

[under rule 7.1(e)(1)(2) of West Bengal Services (Death-cum-Retirement Benefits) Rules, 1971]

Sl. No.	Name	Relationship	Date of birth
1.			
2.			
3.			
4.			

*Family includes the following of a Government Servant, namely:-

1. For the purpose of death gratuity:-
 - (i) Wife in the case of male Officer;
 - (ii) Husband in the case of female Officer;
 - (iii) Sons including stepsons;
 - (iv) Unmarried and widow daughters (including step daughters)
 - (v) Brothers below the age of 18 years and unmarried or widowed sisters;
 - (vi) Father;
 - (vii) Mother;

2. For the purpose of family pension:-
 - (i) Wife in the case of male Officer;
 - (ii) Husband in the case of female Officer;
 - (iii) Minor sons including adopted sons;
 - (iv) Unmarried minor daughters including adopted daughter;
 - (v) Dependent parents;

N.B.: It shall be incumbent upon the employee concerned to report to the head of Office, in writing, any omission or addition that may occur subsequently in order to keep the statement of family members updated.

Place:-

(Signature in full)

Dated:

Designation:

Witness:-

Signature in full

Designation

1.

2.

Countersigned of the
Head of Department / Office