

ENCLOSURE - 'E'**NOMINATION FOR PAYMENT OF LIFE TIME ARREAR OF PERSON.**

(To be furnished by the Employee)

Pension Disbursing Authority / Head of Office

Name of Bank / Treasury / Accountant General, West Bengal

(Place)

I hereby nominate the person named below under rule 5 of the Payment of Arrear of Pension (Nomination) Rules, 1986.

(Name of the pensioner in Capital letters)

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

Place : Date :

Witness : Signature, Name & Address :

Signature of the Pension Disbursing Authority / Head of Office

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

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

Certified that application/nomination has been received from Shri/Smt..... (Name of Pensioner)

whose address is

Place Date

Signature of the Pension Disbursing Authority / Head of Office

Full Address :

ENCLOSURE - 'D'

NOMINATION FOR PAYMENT OF DEATH-CUM-RETIREMENT GRATUITY

(To be furnished by the Employee)

I hereby nominate the person mentioned below, who are members of my family, and confer on them the right to receive, to the extent specified below, any gratuity that may be sanctioned by Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement my remain unpaid at my death :

Name and Address of Nominees	Relationship with employee	Age	Amount of share of gratuity payable to each	Contigencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person of persons, if any, to whom the right conferred on the nominees shall pass in the event of the nominee pre-deceasing the employee or the nominee dying after the death of the employee but before receiving payment	Amount of share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)	(7)

*The nomination supersedes the nomination made by me earlier on which stands cancelled.

Dated this day of 20 at

Witness to Signature :

(Signature of Employee)

(1)

(2)

Note : (1) The employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(2) Fourth column should be filled in so as to cover the whole amount of gratuity.

(3) The amount/share of gratuity shown in last column to cover the whole amount/share payable to the original nominee.

*Strike out, if not applicable

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Signature of Head of Office (Office Seal)