

PENSION FORM – C

[See Para 13 of Executive Instruction]

NOMINATION FOR PAYMENT OF ARREARS OF COMMUTATION VALUE / DEATH-CUM-RETIREMENT GRATUITY AND LIFE TIME ARREARS OF PENSION.

In the event of my death, I, _____ hereby nominate the person/persons mentioned below, who is/are members of my family/not a part of my family confer on his/her/them the right to receive the arrears arising out of commutation value of pension / gratuity sanctioned but remaining unpaid/ life time arrears of pension/ other arrears payable to me, the payment of which have been authorised by the State Government but remained unpaid and confer on him/her/them the right to receive the arrears to the extent specified below against each.

| Original nominee(s) | | | | Alternate nominee(s) | |
|---|--|--|---------------------------------------|---|---------------------------------------|
| Names and address of nominee/nominees. | Relationship with the Government/Aided / ULB Employee | Date of Birth of the Nominee (dd/mm/yyyy) | Percentage of share of Arrears | Name, address, relationship and date of birth of the person or persons, if any, to whom the right conferred as the nominee, shall pass in the event of the nominee pre-deceasing the Government/Aided/ULB Employee or the nominee dying after the death of Government/Aided/ULB Employee but before receiving payment of share of arrears. | Percentage of share of Arrears |
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

Note:-

1. Any Retiring Govt./Aided/ULB employee desirous of assigning different nominees for different type of claims may fill in separate forms of nomination and submit it to the pension sanctioning authority/Head of Office.
2. All columns should be filled in so as to cover the whole amount of the arrears with reference to the percentage.
3. This nomination supersedes previous nomination if any furnished by him/her.
4. The Govt./Aided/ULB servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
5. Strike out which is not applicable.

Dated this.....day of month, 20.....at.....

Signature of two witnesses:

1.

2.

Signature of the Govt./Aided/ULB Employee.

**Signature of the Head of Office
accepting the nomination**