

Place :

Date :

Signature (or thumb impression if illiterate)
and name of pensioner/family pensioner
Address :

Witness : Signature (1)

Name and Address (2)

Pension payment Order No.

Certified that application/Nomination (alternative nomination in form 16) has been received from.....(name of pensioner) whose address is

Form 16 has been cancelled and returned to the pensioner/family pensioner.

Particulars of the pensioner/family pensioner have been verified with reference to the available records in this office and receipt of the nomination is acknowledged.

(Acknowledgement to be sent by the Pension Disbursing Authority/Head of Office in the duplicate copy)

Signature of Pension Disbursing Authority/
Bank/treasury/Post office/Pension Sanctioning
Authority/Head of Office

Full Address

Place :

Date :