

**The payment of Arrear of Pension (Nomination ) Rules, 1986**  
**FORM-B**  
**[See Rule 5(5)]**

Pension Disbursing authority

Name of Bank/Treasury/Accountant-General, West Bengal  
 (Place.....)

I .....hereby make the following alternative nominee in cancellation of the previous nomination made on .....under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules,1986

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

Place

Date:-

Witness: (Signature, Name & Address)

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

Signature of the Pension Disbursing Authority with date and stamp

Certified that application/nomination (Form 'B') has been received from Sri/Smt..... (Name of pensioner) whose address is .....

Form 'A' has been cancelled and returned to him.

Date

Place

Signature of the Pension Disbursing Authority/Bank/Treasury/Accountant General, WB with full address