

NOMINATION FOR FAMILY PENSION

FORM – E

I hereby nominate the persons mentioned below. They are members of my family, to receive, in the order shown below, the family pension which may be granted by Government in the event of my death.

NAME & ADDRESS OF NOMINEE	RELATIONSHIP WITH OFFICIAL	AGE	WHETHER MARRIED OR UNMARRIED

Witness Signature:

1. _____

2. _____

Dated: _____

Signature of Official

**(TO BE FILLED IN BY THE HEAD OF OFFICE IN THE CASE OF A NON-
GAZETTED OFFICER)**

NOMINATION BY: _____

DESIGNATION: _____

OFFICE: _____

Signature of Head of Office

Date: _____

Designation: _____