

FORM 5

O. C. S. (Commutation of Pension)

(See rule 8)

FORM OF NOMINATION

To

Head of Office

(Place)

I,..... hereby nominate the person named below, under rule 8 of the Orissa Civil Services (Commutation of Pension) Rules, 1992.

1	2	If nominee is minor		5	6	7	8	9
		3	4					
Name and address of the nominee	Relationship with the pensioner	Date of birth	Name and address of person who may receive the said commuted value during the nominee's minority.	Name and address of other nominee in case the nominee under column (1) pre-deceases the pensioner.	Relationship with pensioner	Date of birth if the other nominees is minor.	Name and address of person who may receive the commuted value of pension during the other nominee's minority.	Contingency on happening of which nomination shall become invalid.

Place

Date

Witness : Signature

Signature (or thumb impression if illiterate) and name of Pensioner.

Name and Address

Address :

Signature of Head of Office

Stamp

Acknowledgement to be sent by the Head of Office.

Certified that the nomination has been received from.....
(name of pensioner) whose address is.....

Place

Date

Signature of Head of Office
Full Address