



Place :-.....  
illiterate) and Name of the pensioner.

Date :-.....

Witness: Signature

Name & Address:

Signature (or thumb-impression if

Signature of Pension Disbursing Authority/Head of Office

Acknowledgement to be sent by the Pension Disbursing Authority/Head of Office.

Certified that application/nomination has been received from.....(name of pensioner)

whose address is.....

Place

Date

Signature of Pension Disbursing Authority  
Bank/Treasury/Post Office/Accounts Officer/  
Head of Office.