

आई. सी. एम. आर. – राष्ट्रीय मलेरिया अनुसंधान संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार ICMR-National Institute of Malaria Research Department of Health Research

Ministry of Health and Family Welfare, Government of India
Dated: 12.05.2022

No. Admn/O.Order/Circular/AO/2022

OFFICE MEMORANDUM

Subject: Nomination by pensioners under the Payment of Arrears of pension (Nomination) Rules, 1983 for payment of life-time arrears.

In Compliance to the Council's letter no. 18/02/2022 Admn dated 11.04.2022 on the subject cited above and in accordance with rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1983 and DoP&PW's Letter no. 1/2(40)/2022-P&PW(E) dated 31.03.2022 and 06.04.2022, all pensioners of this Institute are requested to furnish their nomination in form A (copy enclosed) in triplicate to this Institute thereby nominating a person/persons who shall receive, in the event of the death of the pensioner, to the extent specified, amount, on account of Arrears of Pension & Commuted Value of Pension payable under CCS (Commutation of Pension) Rules, 1981.

The nomination forms should reach to the undersigned on or before 31.05.2022 via speed post or through email at: aonimr@gmail.com.

This is issued with the approval of Director, NIMR.

(Dinesh Son) Administrative Officer

For Director

To,

All pensioners/ family pensioners of NIMR.

Copy to: -

- 1. PA to Director, NIMR
- 2. NIMR Website Dr. Vaishali Verma, TO 'B', NIMR
- 3. SO (Bill Section) Circulate to all pensioners via email.
- 4. SO (Pension) and SO (Dispatch) Send to all pensioners vis post.
- 5. Notice Boards

हमारे संस्थान मे आपके हिन्दी पत्रों का स्वागत है।

Form A

(Common Nomination Form for Arrears of Pension and Commutation of Pension)

| [See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981] |
|--|
| I,, hereby nominate the person/persons |
| mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent |
| specified below, amount on account of the following: |

- i. Arrears of Pension
- ii. Commuted Value of Pension payable under Central Civil Services (Commutation of Pension)
 Rules, 1981

| Name, date of birth (DOB) and address of the nominee | Relationship with employee/ pensioner | Share to be paid to each | If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor | Name, DOB and address of alternate nominee in case the nominee under Column (1) predeceases the employee/ pensioner | Relationship with empl- oyee/ pensi- oner | Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor | Contingency on happening of which nomination shall become invalid |
|---|--|-----------------------------------|---|--|--|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | -7 | . 8 |
| | | | | | | | |
| | | | | | | | |

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant/Pensioner Telephone No.

Note 1: Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

Note 2: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.