

**O. C. S. (COMMUTATION OF PENSION) FORM 5**

( See rule 8 and with F. D. Resolution No.29826, dated the 9<sup>th</sup> July 1992

**FORM OF NOMINATION**

To  
 Head of Office  
 (Place).....

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

Name and address of the nominee	Relationship with the pensioner	If nominee is minor		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
		Date of birth	Name and address of person who may receive the said commuted value during the nominee's minority					
1	2	3	4	5	6	7	8	9

Place.....

Date .....

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

Witness : Signature .....  
 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 / Authorised Authority*  
 Full Address