

Form -1

**FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION
WITHOUT**

MEDICAL EXAMINATION

[See Rules 5(2), 6(1),12, 13(1)and,14(1), and(2) 15(1)and(2)and 16(1)and(2)]

(To be submitted in duplicate at least three months before the date of retirement.)

PART – I

The (Here indicate the designation and full
address of the head of office)

.....

.....

Subject: Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below –

1. Name (in block Letter)
2. Father's Name (and also Husband's name in the case of female Govt. servant)
3. Designation at the time of retirement
4. Name of Office / Dept. / Ministry in which employed.
5. Date of Birth (by Christian era)
6. Date of retirement
7. Class of pension on which retired
8. Amount of pension authorized.[in case final amount of pension has not been
9. Authorized, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rule, 1972.
10. Fraction of pension proposed to be commuted.
11. Designation of the Accounts officer who authorized the pension and the
12. Number and date 2Disbursing authority for payment of pension

13. (a) Treasury/Sub- Treasury (Name and complete address of the Treasury/sub- Treasury to be indicated)

(b) (i) Branch of the Nationalized Bank with complete postal address.

(ii) Bank account No. to which monthly pension is being credited each month.

(c) Account Office of the Ministry/ Department/office.

Signature
Postal Address

Date:

Place:

PART-II

ACKNOWLEDGMENT

Received from Shri.....(Name)
..... (Former designation) application in Part-I of Form I for the
commutation of pension without medical examination.

Place:

Signature

Date:

Head of Office

Note:- This acknowledgement is to be signed, stamped and dated and is to be detached from the form and handed over to the applicant. If the form has been received by the post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

PART-III

Forwarded to the accounts Officer..... (Here indicate the address and designation)With the remarks that –

1. The applicant should indicate the fraction of the amount of monthly pension *[subject to a maximum of forty percent thereof] which he desires to commute and not the amount in rupees.

2. Score out which is not applicable.

- Substituted by G.I., Dept. of P. &P.W., Notification NO.34/8/99-P & PW(G),dated the 28th February,2002, published as S.O. No. 918 in the Gazette of India, dated the 26th March,2002. Takes effect from the 1st January 1996.

- I. The particulars furnished by the applicant in Para 1 have been verified and are correct.
- II. The applicant is eligible to get a fraction of his pension commuted without medical examination;
- III. The commuted value of Pension determined with reference to the table applicable at present comes to Rs.....
- IV. The amount of residuary pension after commutation will be Rs.....

2. It is requested that further action to authorize the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.

3. The receipt of Part – 1 of this form has been acknowledged in Part – 11 which has been forwarded separately to the applicant on.....

4. The commuted value of pension to Head of Account

Date:
Place:

Signature
Head of Office