

Form of Commutation of Pension without Medical Examination

FORM I

Form of application for commutation of a fraction of pension without medical examination

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

(To be submitted in duplicate after retirement but within one year of the date of retirement)

PART – I

To

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 as indicated below in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below–

- 1.Name (in Block Letters)
- 2.Father's name (also husband's name in the case of a female Government Servant)
- 3.Designation at the time of retirement
- 4.Name of Office/Department/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 authorized indicate the amount of provisional pension Sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972]

9.Fraction of pension proposed to be commuted

10. Designation of the Accounts Officer who authorized the pension and and the Number and date of the Pension Payment Order, if issued
2 Disbursing Authority for payment of pension –

11. (a) Treasury/Sub-Tresury (Name and Complete address of the Treasury/Sub-treasury to be indicate)

(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.) Accounts office of the Ministry/Department/office

Place :-

Date :-

Signature
Postal Address

PART – II

ACKNOWLEDGEMENT

Received from Shri.....(name).....(former designation) application in Part-I of Form 1 for the commutation of a fraction of pension without medical examination.

Place :-

Date :-

Signature
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 –

- (i) The particulars furnished by the applicant in Part – I 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.....

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

The receipt of Part-I of the Form has been acknowledged in Part –II which has been forwarded separately to the applicant on.....

The commuted value of pension is debitable to Head of Account.

Place :-

Date :-

Signature
Head of Office.