

## FORM-3

**Form of letter to the chief administrative medical authority [ See Rules 20(3) and (4) and 28(5)]**

**Please See Annexure)**

No.....  
Government of India Ministry of .....  
Department of .....  
Dated the.....

To

.....  
.....

**Subject :- Medical Examination – Commutation of Pension.**

**Sir,**

Shri..... who retired from service on .....  
As .....(designation) has applied for commuting a fraction of his pension for a lumpsum payment. The following documents are forwarded herewith :-

(a) Application in Form 2 in original together with –

- (i) An unattested copy of the applicant's photograph.
- (ii) Part –IV of Form 2 in original duly completed by the Accounts Officer.
- (b) A copy of Form 4 with spare copy of Part – III of that Form.
- (c.) Report of the statement of the applicant's case if he has been granted invalid pension or has previously commuted a fraction of his pension or declined to accept commutation on the basis of addition of years to his actual age or has been refused commutation on medical grounds.

1. In terms of Rule 22 of the Central Civil Services (Commutation of Pension) Rules, 1981, Shri. .... Should be examined by a Medical Board/ Medical Officer not lower than the rank of Civil Surgeon or a District Medical Officer. It is requested that arrangement may be made to get Shri..... Examined as expeditiously as possible before his next birthday which falls on .....

3. It is requested that arrangements for medical examination by the medical authority indicated in Para 2 above may be made at the nearest available station mention by Shri. .... in his application in Form 2. The attention of the medical authority may be drawn to the provisions of Rule 25 of the Central Civil Services (Commutation of Pension) Rules 1981.

3. It is requested that Shri..... may be informed direct under intimation to this Ministry/Department/Office as to where and when he should appear before the appropriate authority for medical examination. A copy of this letter is being endorsed to him so that he may comply with your instructions on hearing from you.

5. The receipt of this letter may please be acknowledged.

**Yours faithfully,  
(Head of Office)**

Copy forwarded to Shri. ....(here give complete postal address) with the remarks the subject to the medical authority recommending commutation, he will , on the basis of the report of the Accounts Office, be eligible for the lump sum payment in lieu of the amount of pension to be commuted as follows:-

On the basis of

Normal Added Years  
Age 1 Years 2 Years

**Rs. Rs. Rs.**

(i) Sum payable if commutation becomes  
Absolute before the applicant's next birthday  
Which falls on.....

(ii) Sum payable if commutation becomes  
Absolute after applicant's next birthday which  
Falls on .....

The Table of the present value, on the basis of which the calculation by the Accounts Officer has been made, is subject to alteration at any time without notice and consequently the basis is liable to revision, before payment is made. The sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or if the medial authority directs that years will be added to that age, to the consequent assumed age.

Shri..... should report for medical examination to the Medical authority

direct on hearing from ..... He should take with him the enclosed Form 4 with the particulars required in Part – I completed except the signature or thumb or finger impressions.

**Signature**

**Date :- (Head of Office)**

Copy forwarded to the Accounts Officer..... (here indicate designation and address) with reference to his Letter No.....,

Dated.....

**Signature**

**(Head of Office)**

FORM-4

MEDICAL EXAMINATION BY THE .....

(Here enter the Medical Authority)

[See Rules 6(1) , 20(3), 25(1), (2) and (3), 26(3), 27(1) and (3), 28(2), 30(1) and 31(2)]

**PART – I**

The applicant must complete this statement prior to his examination by the .....(here enter the medical authority) and must sign the declaration appended thereto in the presence of that authority.

1. Name of the applicant ( in Block letters).....
2. Date of birth (by Christian era).....
3. Place of birth .....
- 4.. Particulars regarding parents, brothers and sisters –

<b>Father's Age ,if Living and State of Health</b>	<b>Father's Age at Brothers Living, Their ages And state of health</b>	<b>Number of brothers Living,Their Ages and state of health</b>	<b>Number of Brothers Dead, Their Ages at Death And Cause of death</b>	<b>Mother's Age, if Living an State of Health</b>	<b>Mother's Age at Death and Cause of Death</b>	<b>Number of Sisters Living, Their ages and State of Health</b>	<b>Number of sisters Dead, Their Ages at Death And Cause Of death</b>

5.. Have you ever been examined

(a) for Life Insurance, or / and

(b) by any government Medical Officer or State Medical Board

If so, state details and with what results

6. Have your been granted or considered for grant of invalid pension? If so, state the ground thereof.

7. Have you ever been granted leave on medical certificate during the least five yeas? If so, state periods of leave and nature of illness...

8.. Have you ever

(a) had smallpox, intermittent or any other fever, enlarement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis or gonorrhoea; or

(b) had any other disease or injury which required confinement to bed, or medical or surgical treatment; or

© undergone any surgical operation; or

(d) suffered from any illness, wound or injury sustained while on active service.

(.e) Presence of albumin or sugar in urine

9.. Present state of health –

- (a) have you a hernia
- (b) Have you varicocele, varicose veins or piles?
- (c) Is your vision in each eye good (with or without glasses)
- (d) If your hearing in each ear good?
- (e) Have you any congenital or acquired malformation, defect or deformity?
- (f) Have you lost or gained weight markedly during the last three years?
- (g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken?

### **Declaration by Applicant**

*(To be signed in the presence of the medical authority)*

I declare all the above answers to be, to the best of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Rule 8 of the Central Civil Service (Pension) Rules 1972.

**Applicant's signature or thumb-impression**

**In case of illiterate applicant**

**Signed in the presence of .....**

**(Signature and designation of medical authority)**

## **PART – II**

(To be filled in by the examining medical authority)

1. Apparent age
2. Height
3. Weight
4. Describe any scars or identifying marks of the applicant
- 5.. Pulse rate

- (a) Sitting
- (b) Standing

What is the Character of pulse?

6. Blood Pressure-

- (a) Systolic
- (b) Diastolic

- 7.. Is there any evidence of disease of the main organs

- (a) Heart
- (b) Lungs
- (c) Liver
- (d) Spleen
- (e) Kidney

8. Investigations -

- (i) Urine  
(State specific gravity)
- (ii) Blood
- (iii) X-Ray Chest
- (iv) ECG

9. Has the applicant a hernia?

( If so, state the kind and if reducible)

1. Any additional finding

### **PART – III**

(To be filled in by the examining medical authority)

I/We have carefully examined Shri/Shrimati/Kumari .....  
And am/are of opinion that –

He/she is in good bodily health and has the prospect of an average duration of life.

O r

He/She is not in good bodily health and is not a fit subject for commutation.

O r

Although he/she is suffering from.....he/she is considered a fit subject for commutation but his/her age for the purpose of commutation ie., the age next birthday should be taken to be .....(in words) years more than his/her actual age.

Signature and designation of

Station:- Examining medical authority.

Date :-