

FORM-1

[see Rule 5(2). 6(1), 12, 13(1) & 2, 14(1)&(2), 15(1)& (2), 16 (1) & (2)]

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

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

Part-1

To

The _____ (Here indicate the designation
and full address of the Head of office) H.P. _____

Subject:-Commutation of Pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provision of the C.C.S. (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 the 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 C.C.S. Pension) Rules 1972._____
- 9 Fraction of Pension proposed to be commuted____
- 10 Designation of the Accounts Officer who authorized the pension and the No and date of the pension Payment Order, if issued._____
- 11 **** Disbursing Authority for payment of pension:-**
(A) Treasury /sub-treasury (Name and complete address of the treasury/sub treasury to be indicated).
(B) (i) Branch of Nationalized Bank with complete postal address._
(ii) Bank Account No to which monthly pension is being credited each month.____
(C) Accounts Officer of the Ministry/Department Office

**Date
Place**

**Signature of the retiree
& Postal address**

Note :- The payment of commuted value of pension shall be made through the Disbursing Authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the Disbursing Authority from which pension is being drawn.

The application should indicate the fraction of the amount of monthly pension (subject to maximum of one third thereof) which he desires to commute and not the amount in rupees.

** score out which is not applicable

Part-II.

Acknowledgement

Received from Sh. _____ (Name and former Designation) application in part-1 of Form-1 for the commutation of a fraction of pension without medical examination

Date

Signature of the Head of Office

Part-III

Forwarded to the Accounts officer (here indicate the address and designation)-----

With the remarks:-

- (i) the particulars furnished by the applicant in Part-1 have been verified and are correct;
- (ii) the applicant is obliged 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 C.C.S. (Commutation of Pension)Rules 1981.

3 The receipt of Part-1 of the form has been acknowledged in Part-II which has been forwarded separately to the applicant on _____.

4 The commuted value of pension is debitable to head of Account _____

Place:-

Signature of the Head of Office.

Date:-