

**FORM 1**

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

**FORM OF APPLICATION 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).

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 Central Civil (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 fine 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 Account's 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 the Nationalised Bank with complete postal address

(ii) Bank Account No. to which monthly pension is being created each month.

(c) Accounts Officer of the Ministry/Department/Office.

PLACE:

DATE:

Signature

Postal Address

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Note :- The payment of commuted value of pension shall be mad 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 is not applicable.

\*\* Score out which is not applicable.

**PART-II**

**ACKNOWLEDGMENT**

Received from Shri.

(Name and former designation)

Application in part-I of Form-I for the commutation of a fraction of pension without medical examination.

Signature.

**PLACE:**

**Head of Office.**

**DATE :**

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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 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.

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 Service (Commutation of Pension) Rules, 1981.

3. The receipt of part-I 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 debitible to Head of Account-

Signature

Head of Office.

PLACE:

DATE:..