

FORM 1

(Commutation of Pension Rules, 1981)

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 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 authorised. [In case final amount of pension has not been authorised, 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 authorised the pension and 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 credited each month
 - (c) Accounts Office of the Ministry/Department Office

Place :

Date :

Signature

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 applicant 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 Shri.....(name).....(former designation) application in Part I of Form I 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 acknowledgment 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 come to Rs.
 - (iv) the amount of residuary pension after commutation will be Rs.
2. It is requested that further action to authorise 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 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 debit to Head of Account.

Place :

Signature

Date :

Head of Office

FORM 1-A

[See Rules 5(2), 12, 13(3), 14(1) and 15(3)]

Form of Application for Commutation of a Fraction of Superannuation Pension without Medical Examination when applicant desires that the payment of the commuted value of Pension should be authorised through the Pension Payment Order.

(To be submitted in duplicate at least 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 the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below—

1. Name (in Block letters)
2. Father's name (and also husband's name in the case of a female Govt. servant)
3. Designation.
4. Name of Office/Deptt./Ministry in which employed
5. Date of Birth (by Christian era)
6. Date of retirement on superannuation or on the expiry of extension in service granted under FR 56(d)
- *7. Fraction of superannuation pension proposed to be commuted
- **8. Disbursing authority from which pension is to be drawn after retirement—
 - (a) Treasury/Sub-Treasury (Name and Complete address of the Treasury/Sub-Treasury to be indicated)
 - (b) (i) Branch of the nominated nationalised bank with complete postal address
(ii) Bank Account No. to which monthly pension is to be credited each month
 - (c) Account Office of the Ministry/Department/Office

Place :

Date :

Signature

Present Postal Address

Postal address after retirement

* The applicant should indicate the fraction of the amount of monthly pension (subject to a maximum of one-third thereof) which he/she desires to commute and not the amount in rupees. ** Score out which is not applicable.

PART II (ACKNOWLEDGMENT)

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

Place :

Date :

Signature

Head of Office

NOTE: If the application has been received by the Head of Office before the date of retirement on Superannuation, this acknowledgment should be detached from the Form and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgment sent under registered cover to the applicant. In case it is received after the specified date, it should be accepted only if it has been put into the post on or before that date subject to the production of evidence to that effect by the applicant.

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..... and
 - (iv) the amount of residuary pension and commutation will be Rs.....
2. The pension papers of the applicant completed in all respects were forwarded under this Ministry/ Department/Office Letter No., dated
It is requested that the payment of commuted value of pension may be authorised through the Pension Payment Order which may be issued one month before the retirement of the applicant.
3. The receipt of Part I of this Form has been acknowledged in Part II which has been forwarded separately to the applicant on
4. The Commuted value of pension is debitable of Head of Account.

Place :

Signature

Date :

Head of Office