

FORM 1-A

**FORM OF APPLICATION FOR COMMUTATION OF A
PERCENTAGE OF SUPERANNUATION PENSION WITHOUT
MEDICAL EXAMINATION WHEN APPLICANT DESIRES
THAT THE PAYMENT OF THE COMMUTED VALUE OF
PENSION SHOULD BE AUTHORIZED THROUGH THE
PENSION PAYMENT ORDER**

[see Rules 5(2), 12,13(30,14(i) and 15(3)

(To be submitted in duplicate at least three 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 percentage 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 Government servant)
3. Designation
4. Name of Office/Department/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)
- ¹7. Percentage of superannuation pension proposed to be commuted (The applicant should indicate the percentage of the amount of monthly pension subject to be maximum of forty percent thereof which he/she desires to commute and not the amount in Rupees)
- ²8. Disbursing authority from which pension is to be drawn after retirement (score out which is not applicable) -
(a) Treasury/Sub-Treasury (Name and complete

- address of the Treasury/Sub-Treasury to be indicated)
- (b) (i) Branch of the nominated nationalized 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

Signature
Present Postal address.
.....
Postal address after
retirement
.....
Place :
Date :
.....

Footnote : 1. The applicant should indicate the percentage of the amount of monthly pension (subject to a maximum of forty percent thereof) which he/she desires to commute and not the amount in rupees.

2. Score out which is not applicable.

PART II
(ACKNOWLEDGEMENT)

Received from
Shri/Smt./Kumari.....(name).....(designation)
application in Part I of Form I-A for commutation of a percentage 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 acknowledgement 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 acknowledgement 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 percentage 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 after 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 authorized 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 to Head of Account.....

Place :

Date :

Signature
Head of Office