

**FORM I**  
**FORM OF APPLICATION FOR COMMUTATION OF A**  
**PERCENTAGE OF PENSION WITHOUT MEDICAL EXAMINATION**  
 (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 of Office

**Subject:- Commutation of pension without medical examination.**

Sir,

I desire to commute a percentage 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 authorized. [In case final amount of pension has not been authorized, indicate the amount of provisional pension sanction under Rule 64 of the Central Civil Services (Pension) Rules, 1972] | ... | ... | ... |
| 9. * Percentage 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. <sup>1</sup> 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 Nationalized 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 :

Signature

Date :

Postal Address

\* The applicant should indicate the percentage of the amount of the monthly pension subject to maximum of 40% thereof which he desires and not the amount in Rupees.

1 Score out which is not applicable.

## PART II

### ACKNOWLEDGEMENT

Received from Shri.....(name).....(former designation) application in Part I of Form 1 for the commutation of a percentage of pension without medical examination.

Place :

Signature

Date :

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 acknowledgement 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 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.....
- (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 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 debitable to Head of Account -----.

Place :

Signature

Date :

Head of Office