

FORM 1-A

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

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

(To be submitted in duplicate at least three months before the date of retirement)

PART – I

*The
.....
.....

*(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 Service (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)

:

.....
7.

Fraction of superannuation or 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 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

:

.....

Place :
Date :

Signature
Present Postal address.

Postal address after retirement

PART – II
(ACKNOWLEDGEMENT)

Received from Shri/Smt./Kumari.....(name)
.....(Designation) application in Part – I of 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 of 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 acknowledgement 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 fraction of his pension commuted without medical examination.
- (iii) The commuted value of pension determined with reference to be 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.

SPECIMEN SIGNATURE OF

Shri/Smti.....

Designation.....

1.....

2.....

3.....

Specimen Signature
attested

Signature
Head of Office

HEIGHT AND PERSONAL INDENTIFICATION MARKS OF

Shri/Smti

1. Height

2. Personal identification marks

Above particulars
attested

Signature
Head of Office