

**Form A**  
**Form of Commutation of Pension**

I \_\_\_\_\_ desire to commute  
a portion of my \_\_\_\_\_ pension of Rs. \_\_\_\_\_  
a month. I intend to utilize the commuted value on the subject specified on the reverse, and I am  
convinced that the commutation will be to the distinct and I permanent advantage of myself and  
my family. I also certify that I have carefully answered each and all of the questions below:-

Date \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

**Questions**

**Answer**

1. What is your date of birth?
2. (a) How much of your pension do you wish to commute?  
  
(b) Without prejudice to the discretion of the sanctioning  
authority, from what date approximately do you wish  
this commutation to have effect?  
  
(c) Have you already commuted a portion of your  
pension? If so, give full particulars.  
  
(d) Has any application from you for commutation of  
pension ever been rejected?

accepted

Or have you ever-----

declined to accept

commutation of pension

on the basis of an addition of years to your actual  
age recommended by the Medical Authority? If so,  
give particulars.

3. Have you any debts or liabilities? Give particulars.
4. Have you a wife? Detail the members of your family  
dependent on you with their respective ages.

5. What was your monthly income from all sources during the past year? Give particulars.
6. Do you suffer from any complaint likely to shorten life? If so, state its nature.
7. (a) What is the number of your pension payment order?
- (b) Name the treasury from which you draw your pension or propose to draw your pension and commutation money.

At what station (near the area in which you are ordinary resident) would you prefer your medical examination to take place?

Date \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

For use in cases of applicant's still in service or whose pension has not been sanctioned.  
Forwarded for report to the Accountant General, Srinagar.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

Note.--The class of pension (Superannuation/Retiring/Invalid/Compensatory) should be stated and if the amount is not known a suitable modification should be made in the form.